

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |                       |   |               |               |  |                         |  |
|--|-----------------------|---|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full<br><b>Citizens for Jolley</b>  |                       |   |               |               |  |                         |  |
| Full Name of Contributor<br><b>Pamela Berkowitz</b>      |                       |   |               |               | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>2724 N Pine Grove Avem Apt 1</b>    |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Chicago</b>                                   | State<br><b>I   L</b> | Zip Code<br><b>60614</b>                | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>1</b>                                  | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>David Black</b>           |                       |   |               |               | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>3714 Seaford Dr</b>                 |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Columbus</b>                                  | State<br><b>O   H</b> | Zip Code<br><b>43220</b>                | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>1</b>                                  | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Michaela Hahn Burriss</b> |                       |   |               |               | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>1363 Thornwood Place</b>            |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Columbus</b>                                  | State<br><b>O   H</b> | Zip Code<br><b>43212</b>                | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>2</b>                                  | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>Alexander Ewing</b>       |                       |   |               |               | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>6163 Sharlene Dr</b>                |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Cincinnati</b>                                | State<br><b>O   H</b> | Zip Code<br><b>45248</b>                | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>2</b>                                  | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Robert Werts</b>          |                       |   |               |               | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>7862 Wayside Ave</b>                |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Delaware</b>                                  | State<br><b>O   H</b> | Zip Code<br><b>43015</b>                | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>2</b>                                  | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Stephanie Berkowitz</b>   |                       |   |               |               | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>37 Garrison Road</b>                |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Brookline</b>                                 | State<br><b>M   A</b> | Zip Code<br><b>02445</b>                | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>2</b>                                  | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>Andrew Saluke</b>         |                       |   |               |               | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>3703 Peachtreet Rd NE, Apt D1</b>   |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Atlanta</b>                                   | State<br><b>G   A</b> | Zip Code<br><b>30319</b>                | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>2</b>                                  | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>John McConnell</b>        |                       |   |               |               | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>615 Thistle Ave</b>                 |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Gahanna</b>                                   | State<br><b>O   H</b> | Zip Code<br><b>43230</b>                | M<br><b>0</b> | D<br><b>3</b> | Y<br><b>2</b>                                  | Amount<br><b>25.00</b>  |  |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 575.00