

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Mark Mallory					Registration Number, if PAC		
Street Address 907 Dayton Street		Employer/Occupation/Labor Organization* City of Cincinnati			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45214	M 0 5	D 2 8	Y 1 1	Amount 100.00	
Full Name of Contributor Mallory for Citizens					Registration Number, if PAC		
Street Address 902 Dayton Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45214	M 0 5	D 2 8	Y 1 1	Amount 150.00	
Full Name of Contributor Alexis Kaplan					Registration Number, if PAC		
Street Address 100 Washington Street, #1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Brighton	State M A	Zip Code 02135	M 0 6	D 2 1	Y 1 1	Amount 20.00	
Full Name of Contributor Heather Bishoff					Registration Number, if PAC		
Street Address 2902 Braden Way		Employer/Occupation/Labor Organization* Bishoff Financial			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0 7	D 0 5	Y 1 1	Amount 250.00	
Full Name of Contributor Jason Block					Registration Number, if PAC		
Street Address 446 W. 4th Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 0 8	D 1 4	Y 1 1	Amount 25.00	
Full Name of Contributor Lee Roberts					Registration Number, if PAC		
Street Address 41 W. Lincoln Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 4	Y 1 1	Amount 100.00	
Full Name of Contributor Mara Polster-Wilson					Registration Number, if PAC		
Street Address 2529 West Carmen Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Chicago	State I L	Zip Code 60625	M 0 8	D 1 4	Y 1 1	Amount 25.00	
Full Name of Contributor Melanie Stickle					Registration Number, if PAC		
Street Address 310 Decatur St. NW, Apt 4		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Washington	State D C	Zip Code 20011	M 0 8	D 1 4	Y 1 1	Amount 25.00	

* 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)]