

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Donald Coleman					Registration Number, if PAC		
Street Address 845 McDonnell Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 8	D 3 1	Y 1 1	Amount 50.00	
Full Name of Contributor Nathaniel Polster					Registration Number, if PAC		
Street Address 1150 N. Lake Shore Drive, #14K		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chicago	State I L	Zip Code 60611	M 0 9	D 1 4	Y 1 1	Amount 50.00	
Full Name of Contributor James H. Jolley					Registration Number, if PAC		
Street Address 8715 Bayport Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Centerville	State O H	Zip Code 45458	M 0 9	D 1 6	Y 1 1	Amount 50.00	
Full Name of Contributor Julie Kleeman					Registration Number, if PAC		
Street Address 222 Sea Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Kennebun	State M E	Zip Code 04043	M 0 9	D 1 7	Y 1 1	Amount 10.00	
Full Name of Contributor Nicholas A. Froslear					Registration Number, if PAC		
Street Address 55 Merritt Pass		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Springboro	State O H	Zip Code 45066	M 0 9	D 2 0	Y 1 1	Amount 25.00	
Full Name of Contributor David Black					Registration Number, if PAC		
Street Address 2714 Seaford Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43220	M 1 0	D 0 8	Y 1 1	Amount 100.00	
Full Name of Contributor Kara Silverman					Registration Number, if PAC		
Street Address 21 Essex Street, Apt 11		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City New York	State N Y	Zip Code 10002	M 1 0	D 1 1	Y 1 1	Amount 50.00	
Full Name of Contributor Margaret Klobuchar					Registration Number, if PAC		
Street Address 527 Beaverbrook Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 1 1	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)]