

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 D Y 0 5 2 8 1 1		Amount 100.00	
Full Name of Contributor Mallory For Citizens						Registration Number, if PAC			
Street Address 907 Dayton Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H		Zip Code 45214		M D Y 0 5 2 8 1 1		Amount 150.00	
Full Name of Contributor Alexis Kaplan						Registration Number, if PAC			
Street Address 100 Washington Street, #4			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Brighton		State M A		Zip Code 02135		M D Y 0 6 2 1 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 D Y 0 7 0 5 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 D Y 0 8 1 4 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 D Y 0 8 1 4 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 D Y 0 8 1 4 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 D Y 0 8 1 4 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)]

Page Total \$ 695.00