1 agc

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
1						
Citizens for Jolley Full Name of Contributor			Booletre	tion Num	ber. if PA	36
			Registra	JUGII NUII	nuer. II P	10
Jens Sutmoller Street Address	Employer/Organ	pation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occup	ation/Labor Organization"				
212 E. Liberty St., Apt 6	Carac	Tie Code	T	I 5	1 0	Check
1 · ·	State	Zip Code	M	D	Y	Amount
Cincinnati Full Name of Contributor	O H	45202	0 4		1 1 ber, if PA	100.00
Laura M. Polster			Registra	ICION NUI	iber, ii FA	10
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
	employer/ occup	Jation Labor Organization				
633 Sycamore Mill Drive	5444	13:- 0-4-	- T	T 5	T v	Check
	State	Zip Code	M	D	Y	Amount
Gahanna Full Name of Contributor	OH	43230	0 4		1 1	10.00
			Registra	KION NUM	ber, if PA	AC .
Mark Mallory Street Address	[Carrello 10 (Oct.)	pation/Labor Organization*				In the second se
	1					Form (Cash, Check, etc.)
907 Dayton Street	City of C		1 (4)	1 6	T	Check
		Zip Code	М	D	Y	Amount
Cincinnati Full Name of Contributor	OH	45214	0 4		1 1 ber, if PA	150.00
			Registra	ILION WUE	iber, ii PA	iC
Mallory for Citizens Street Address	Employer/Occur	action (Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization*			1		
907 Dayton Street City	State	Zip Code	1 34:	l D	1 0	Check Amount
i '		· ·	M	i	1 1	
Cincinnati Full Name of Contributor	O H	45214	0 4		<u> </u>	250.00
Mara Polster Wilson			Registra	tion Num	ber, if PA	
Street Address	Temployer/Oppy	nation/Labor Organization*				Form (Cash, Check, etc.)
	Ciribioyer/ Occup	acon/ Cabor Organización				
2529 West Carmen Avenue	State	Zip Code	М	D	Y	Credit Card
Chicago	1 L	1	1 :		1	
Full Name of Contributor	I I L	60625	0 5		1 1 ber, if PA	50.00
Paul Adams			кедізпа	fioti ivom	iber, ii PA	
Street Address	Temployee (Occum	ation/Labor Organization*				Form (Cash, Check, etc.)
3780 Parkside Circle West	Employer/ Occup	ation/ cabor Organization				
City	State	Zip Code	1 (4)	D	T v	Credit Card
Lorain	O H	44053	M	1	1 1	
Full Name of Contributor	0 ; 11	44033			ber, if PA	
Andrew Howard			negisti a	GOTT NGITT	ibei, ii FA	i.C
Street Address	Employer/Occup	ation/Labor Organization*		4		Form (Cash, Check, etc.)
1360 Dublin Road, Apt 21	Lingsoyers occup	etion caron organization				
City	State	Zip Code	М;	D	ΙÝ	Credit Card
Columbus	O H	43215	0 5	0 5	1	10.00
Full Name of Contributor	10 11	43213			ber, if PA	
Bessel Korkor			พะสิเรนา	ago Nuill	⊌¢i, II FA	
Street Address						Form (Cash, Check, etc.)
1009 Paper Mill Court NW	· · · · · · · · · · · · · · · · · · ·					
City	Arnold & Porter LLP State Zip Code M D Y			Credit Card		
Washington	D C	20007	1 :			
rvasimgun	ען ע	2000/	0 5	U 5	1 1	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 \$	620.00