

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Jolley</b>									
Full Name of Contributor <b>Jens Sutmoller</b>						Registration Number, if PAC			
Street Address <b>212 E. Liberty St., Apt 6</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cincinnati</b>		State <b>O   H</b>		Zip Code <b>45202</b>		M   D   Y <b>0   4   1   3   1   1</b>		Amount <b>100.00</b>	
Full Name of Contributor <b>Laura M. Polster</b>						Registration Number, if PAC			
Street Address <b>633 Sycamore Mill Drive</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>O   H</b>		Zip Code <b>43230</b>		M   D   Y <b>0   4   2   5   1   1</b>		Amount <b>10.00</b>	
Full Name of Contributor <b>Mark Mallory</b>						Registration Number, if PAC			
Street Address <b>907 Dayton Street</b>				Employer/Occupation/Labor Organization* <b>City of Cincinnati</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cincinnati</b>		State <b>O   H</b>		Zip Code <b>45214</b>		M   D   Y <b>0   4   2   6   1   1</b>		Amount <b>150.00</b>	
Full Name of Contributor <b>Mallory for Citizens</b>						Registration Number, if PAC			
Street Address <b>907 Dayton Street</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cincinnati</b>		State <b>O   H</b>		Zip Code <b>45214</b>		M   D   Y <b>0   4   2   6   1   1</b>		Amount <b>250.00</b>	
Full Name of Contributor <b>Mara Polster Wilson</b>						Registration Number, if PAC			
Street Address <b>2529 West Carmen Avenue</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Chicago</b>		State <b>I   L</b>		Zip Code <b>60625</b>		M   D   Y <b>0   5   0   4   1   1</b>		Amount <b>50.00</b>	
Full Name of Contributor <b>Paul Adams</b>						Registration Number, if PAC			
Street Address <b>3780 Parkside Circle West</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Lorain</b>		State <b>O   H</b>		Zip Code <b>44053</b>		M   D   Y <b>0   5   0   4   1   1</b>		Amount <b>25.00</b>	
Full Name of Contributor <b>Andrew Howard</b>						Registration Number, if PAC			
Street Address <b>1360 Dublin Road, Apt 21</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M   D   Y <b>0   5   0   5   1   1</b>		Amount <b>10.00</b>	
Full Name of Contributor <b>Bessel Korkor</b>						Registration Number, if PAC			
Street Address <b>1009 Paper Mill Court NW</b>				Employer/Occupation/Labor Organization* <b>Arnold &amp; Porter LLP</b>				Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Washington</b>		State <b>D   C</b>		Zip Code <b>20007</b>		M   D   Y <b>0   5   0   5   1   1</b>		Amount <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 \$ 620.00