

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Jolley									
Full Name of Contributor Jessica Hughes						Registration Number, if PAC			
Street Address 843 Cherry Bottom Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O	H H	Zip Code 43230	M 1	D 0	Y 1	Amount 20.00		
Full Name of Contributor John Waldruff						Registration Number, if PAC			
Street Address 11 Fogarty Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Hamilton	State N	J J	Zip Code 08619	M 1	D 0	Y 1	Amount 15.00		
Full Name of Contributor Rachel Gough						Registration Number, if PAC			
Street Address 1755 King Avenue, Apt D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H H	Zip Code 43212	M 1	D 0	Y 1	Amount 11.00		
Full Name of Contributor Stephanie Berkowitz						Registration Number, if PAC			
Street Address 37 Garrison Road #1			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Brookline	State M	A A	Zip Code 02445	M 1	D 0	Y 1	Amount 18.00		
Full Name of Contributor Yehuda Mandel						Registration Number, if PAC			
Street Address 292 E. 15th			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H H	Zip Code 43201	M 1	D 0	Y 1	Amount 50.00		
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 H	Zip Code 45214	M 1	D 0	Y 1	Amount 100.00		
Full Name of Contributor Mark Meuser						Registration Number, if PAC			
Street Address 804 Cherrybottom Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O	H H	Zip Code 43230	M 1	D 0	Y 1	Amount 22.00		
Full Name of Contributor Walter Munyer						Registration Number, if PAC			
Street Address 1922 Timber Haven Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Grove City	State O	H H	Zip Code 43123	M 1	D 0	Y 1	Amount 20.00		

* 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 \$ 256.00