

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 McDonell Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O	H	Zip Code 43230	M 0	D 8	Y 3	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	D 9	Y 1	4	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	D 9	Y 1	6	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	D 9	Y 1	7	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 Speingboro	State O	H	Zip Code 45066	M 0	D 9	Y 2	0	1	Amount 25.00
Full Name of Contributor David Black						Registration Number, if PAC			
Street Address 3714 Seaford Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H	Zip Code 43220	M 1	D 0	Y 0	8	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	D 0	Y 1	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	D 0	Y 1	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 \$ 360.00