

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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