

# 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>Katie Cucco</b>						Registration Number, if PAC			
Street Address <b>533 84th Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Brooklyn</b>	State <b>N</b>	Y	Zip Code <b>11209</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>15.00</b>		
Full Name of Contributor <b>Chibundu Nnake</b>						Registration Number, if PAC			
Street Address <b>PO Box 754490</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Dallas</b>	State <b>T</b>	X	Zip Code <b>75275</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>20.00</b>		
Full Name of Contributor <b>William DeMora</b>						Registration Number, if PAC			
Street Address <b>100 Warren Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Jerome Liebowitz</b>						Registration Number, if PAC			
Street Address <b>2050 Center Avenue</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Fort Lee</b>	State <b>N</b>	J	Zip Code <b>07024</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>25.00</b>		
Full Name of Contributor <b>Craig Bruney</b>						Registration Number, if PAC			
Street Address <b>661 Washington Street, Apt 4F</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>New York</b>	State <b>N</b>	Y	Zip Code <b>10014</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>75.00</b>		
Full Name of Contributor <b>Jady L. Johnson</b>						Registration Number, if PAC			
Street Address <b>844 Crestway Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43235</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>		
Full Name of Contributor <b>Benjamin Zeidman</b>						Registration Number, if PAC			
Street Address <b>1501 Lexington Avenue, 2E</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>New York</b>	State <b>N</b>	Y	Zip Code <b>10029</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>30.00</b>		
Full Name of Contributor <b>Robin Post</b>						Registration Number, if PAC			
Street Address <b>2926 Representation Terrace</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43207</b>	M <b>1</b>	D <b>0</b>	Y <b>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 \$ 290.00