	7.7
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		1			
Name of Committee in Full					
Citizens for Jolley					
Full Name of Contributor		1	Registration Nu	mber, if PA	v.C
Katie Cucco		,			
Street Address	Employer/Occupation	n/Labor Organization*			Form (Cash, Check, etc.)
533 84th Street					Credit Card
City	State Zi	p Code	M D	Y	Amount
Brooklyn	NY	11209	1 0 1	2 1 1 1	15.00
Full Name of Contributor			Registration Nu	mber, if PA	C.
Chibundu Nnake					
Street Address	Employer/Occupation	n/Labor Organization*	t		Form (Cash, Check, etc.)
PO Box 754490					Credit Card
City	State Zi	p Code	M D	Y	Amount
Dallas	T+X	75275	1011	3 1 1 1	20.00
Full Name of Contributor		1	Registration No		<u> </u>
William DeMora					
Street Address	Employer/Occupation	n/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
100 Warren Street					Credit Card
City	State Zi	p Code	M D	ΙΥ	Amount
Columbus		43215	101		50.00
Full Name of Contributor		1	Registration No		
Jerome Liebowitz				,	
Street Address	Employer/Occupation	n/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
2050 Center Avenue	Employen Occupano	l organization			Credit Card
City	State Zi	p Code	M D	Ιγ	Amount
Fort Lee		07024	1 0 1		25.00
Full Name of Contributor	114	1	Registration No		
			registration 14	imoci, ii i ?	.0
Craig Bruney Street Address	Employer/Occupation	n/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
	Employe//Occupation	Cigamzacion			Credit Card
661 Washington Street, Apt 4F	State Zi	p Code	M D	Y	Amount
1 *	N Y	10014	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0 \begin{bmatrix} 1 \\ 1 \end{bmatrix}$		75.00
New York Full Name of Contributor	IN I 1	10014			<u> </u>
Jady L. Johnson Street Address	Emplayar/Occupatio	n/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
	Employer/Occupatio	lvi.abor Organization			Credit Card
844 Crestway Drive	State Zi	ip Code	M D	Тү	Amount
I and the second	O H	43235	101		1
Columbus Full Name of Contributor		43233	Registration N		
			Registration N	imoci, ii rz	ic
Benjamin Zeidman	E1/O	-# -1 - O	<u> </u>		Form (Cash, Check, etc.)
Street Address	Employer/Occupatio	n/Labor Organization*			
1501 Lexington Avenue, 2E	c Iz			T v	Credit Card
City		ip Code	M D	A A A	Amount
New York	N Y	10029	1 0 1		30.00
Full Name of Contributor Registration Number, if PAC					
Robin Post	- In 1 20 ·	7.1:0			F (C1 C'-1 ···)
Street Address	Employer/Occupatio	n/Labor Organization*			Form (Cash, Check, etc.)
2926 Representation Terrace			1,, 1 =	1	Credit Card
City		ip Code	MD	Y	Amount
Columbus	OH	43207	1 0 1	3 1 1	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 \$	290.00