

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Jolley							
Full Name of Contributor Katie Cucco					Registration Number, if PAC		
Street Address 533 84th Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Brooklyn	State N Y	Zip Code 11209	M 1 0	D 1 2	Y 1 1	Amount 15.00	
Full Name of Contributor Chibundu Nnake					Registration Number, if PAC		
Street Address PO Box 754490		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dallas	State T X	Zip Code 75275	M 1 0	D 1 3	Y 1 1	Amount 20.00	
Full Name of Contributor William DeMora					Registration Number, if PAC		
Street Address 100 Warren Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 3	Y 1 1	Amount 50.00	
Full Name of Contributor Jerome Liebowitz					Registration Number, if PAC		
Street Address 2050 Center Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Fort Lee	State N J	Zip Code 07024	M 1 0	D 1 3	Y 1 1	Amount 25.00	
Full Name of Contributor Craig Brunev					Registration Number, if PAC		
Street Address 661 Washington Street, Apt 4F		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City New York	State N Y	Zip Code 10014	M 1 0	D 1 3	Y 1 1	Amount 75.00	
Full Name of Contributor Jady L. Johnson					Registration Number, if PAC		
Street Address 844 Crestway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 3	Y 1 1	Amount 50.00	
Full Name of Contributor Benjamin Zeidman					Registration Number, if PAC		
Street Address 1501 Lexington Avenue, 2E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City New York	State N Y	Zip Code 10029	M 1 0	D 1 3	Y 1 1	Amount 30.00	
Full Name of Contributor Robin Post					Registration Number, if PAC		
Street Address 2926 Representation Terrace		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43207	M 1 0	D 1 3	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)]