

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DeGraw for Mayor									
Full Name of Contributor Sheila A Clark							Registration Number, if PAC		
Street Address 1000 Urlin Ave #519				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 1		D 0	
						Y 11		Amount \$ 200	
Full Name of Contributor Elizabeth A Boster							Registration Number, if PAC		
Street Address 1000 Urlin Ave #519				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 1		D 0	
						Y 11		Amount \$ 100	
Full Name of Contributor Luceille Fleming							Registration Number, if PAC		
Street Address 1000 Urlin Ave #1522				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 1		D 0	
						Y 11		Amount \$ 100	
Full Name of Contributor Judy Heisler							Registration Number, if PAC		
Street Address 1000 Urlin Ave #1014				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 1		D 0	
						Y 11		Amount \$ 100	
Full Name of Contributor Mark Stephen Krausz							Registration Number, if PAC		
Street Address 1000 Urlin Ave #1620				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 1		D 0	
						Y 11		Amount \$ 100	
Full Name of Contributor Jeffrey A Ayres							Registration Number, if PAC		
Street Address 1000 Urlin Ave #2209				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 1		D 0	
						Y 11		Amount \$ 100	
Full Name of Contributor Central Ohio Realtors Political Action Committee							Registration Number, if PAC local PAC		
Street Address 2700 Airport Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43219		M 1		D 0	
						Y 11		Amount \$ 1000	
Full Name of Contributor Skip Yassenoff							Registration Number, if PAC		
Street Address 5090 Squirrel Bend				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43220		M 1		D 0	
						Y 11		Amount \$ 50	

* 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 also appear. [R.C. 3517.10(B)(4)]

\$ 1750