

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno							
Full Name of Contributor Gary H. Baas					Registration Number, if PAC		
Street Address 959 Maebell Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #11716		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Sanford J. Cohan					Registration Number, if PAC		
Street Address 2500 Corporate Exchange Dr Ste 161		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #1864		
City Columbus	State O H	Zip Code 43231	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor M. Jameson Crane					Registration Number, if PAC		
Street Address 2289 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #5263		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 2	Amount 500.00	
Full Name of Contributor Anthony A. Groeber					Registration Number, if PAC		
Street Address 6877 N. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check # 1341		
City Columbus	State O H	Zip Code 43085	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Rebecca Price, Kegler Brown Hill & Ritter PAC					Registration Number, if PAC CP648		
Street Address 65 E. State St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #2436		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Worthington Republican Women, Ruth Coons, Treasurer					Registration Number, if PAC		
Street Address 8362 Storrow Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #1001		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 300.00	
Full Name of Contributor Stephen J. Smith					Registration Number, if PAC		
Street Address 250 West St.		Employer/Occupation/Labor Organization* Schottenstein Zox & Dunn Co LPA			Form (Cash, Check, etc.) Check #229017		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 250.00	
Full Name of Contributor Frederick T. Moses					Registration Number, if PAC		
Street Address 19538 Carroll Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check #3206		
City Rockbridge	State O H	Zip Code 43149	M 1	D 0	Y 3	Amount 100.00	

* 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)]