

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Demro									
Full Name of Contributor Karen Angelou						Registration Number, if PAC			
Street Address 1081 Cannonade Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 2		Y 6	
						Y 1		Y 3	
						Amount \$100.00			
Full Name of Contributor Barbara Cook						Registration Number, if PAC			
Street Address 127 Jahn Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 2		Y 5	
						Y 1		Y 3	
						Amount \$25.00			
Full Name of Contributor Carl Tisone						Registration Number, if PAC			
Street Address 585 Wickham Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 2		Y 6	
						Y 1		Y 3	
						Amount \$10.00			
Full Name of Contributor Alfred Mecozzi						Registration Number, if PAC			
Street Address 843 Harmony Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 0		Y 4	
						Y 1		Y 3	
						Amount \$25.00			
Full Name of Contributor Sharla House						Registration Number, if PAC			
Street Address 141 Sierra Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 0		Y 5	
						Y 1		Y 3	
						Amount \$20.00			
Full Name of Contributor Peggy Retherford						Registration Number, if PAC			
Street Address 355 Flint Ridge Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 0		Y 9	
						Y 1		Y 3	
						Amount \$25.00			
Full Name of Contributor Bill Stehle						Registration Number, if PAC			
Street Address 654 Crossing Creek Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 1		Y 0	
						Y 1		Y 3	
						Amount \$250.00			
Full Name of Contributor Jon Schroeder						Registration Number, if PAC			
Street Address 99 Jahn Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 1		Y 6	
						Y 1		Y 3	
						Amount \$40.00			

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