Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Demro	- 111-111			
Full Name of Contributor			Registration Number, if I	PAC
Fletcher Hastings				
Street Address	Employer/Occv	upation/Labor Organization*		Form (Cash, Check, etc.)
748 Jonsol Court		**************************************		Check
City	State	Zip Code	M D Y	Amount
Gahanna	OH	43230	0 9 0 5 1 3	\$10.00
Full Name of Contributor			Registration Number, if I	PAC
David Platt		<u></u>		
Street Address	Employer/Occu	upation/Labor Organization		Form (Cash, Check, etc.)
535 Haversham Drive			· · · · · · · · · · · · · · · · · · ·	Cash
City Gahanna	State OH	Zip Code 43230	M D Y 0 9 1 3	Amount \$10.00
	J On	43230	Registration Number, if I	
Full Name of Contributor George Wehrley	,			PAC PAC
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
430 Langford Court		r		Check
City	State	Zip Code	M D Y	Amount
Gahanna	ОН	43230	0 9 1 1 1 3	
Full Name of Contributor			Registration Number, if F	PAC
Al Shuler	·			
Street Address	Employer/Occu	apation/Labor Organization		Form (Cash, Check, etc.)
81 Savern Place			· · · · · · · · · · · · · · · · · · ·	Check
City Gahanna	State	Zip Code	0 9 0 5 1 3	Amount \$100.00
	ОН	43230		
Full Name of Contributor Jay Waugh			Registration Number, if F	'AC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
599 Wickham Way		para 2000		Check
City	State	Zip Code	M D Y	Amount
Gahanna	OH,	43230	0 9 0 1 1 3	\$50.00
Full Name of Contributor			Registration Number, if P	AC
Herman Belcher				
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
1148 Rice Avenue				Check
City	State	Zip Code 43230	0 9 2 0 1 3	Amount
Gahanna	ОН	43430	<u></u>	
Full Name of Contributor Chuck Fearing		_	Registration Number, if F	AC AC
Chuck Fearing Street Address	1			(O of Observation)
Street Address 431 Langford Court	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	1 16 D. V.	Check
Gahanna	OH	43230	M D Y O 9 2 3 1 3	Amount \$25.00
Full Name of Contributor		70203	Registration Number, if P	
Jim McGregor	<u>-</u> -		,	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
180 Academy Court				Online
City Gahanna	State OH	Zip Code	$\begin{bmatrix} M & D & Y \\ 0 & 9 & 2 & 5 & 1 & 3 \end{bmatrix}$	Amount
Gananna	0	43230	0 9 2 5 1 3	\$100.00

Page Total \$365.00

^{*} 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)]