

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Demro						
Full Name of Contributor Noah Hampton				Registration Number, if PAC		
Street Address 28208 Jewel Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online	
City Defiance	State OH	Zip Code 43512	M 0	D 7	Y 2 5 1 3	Amount \$34.00
Full Name of Contributor Patrick Moran				Registration Number, if PAC		
Street Address 1189 Virginia Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online	
City Lakewood	State OH	Zip Code 44107	M 0	D 7	Y 2 5 1 3	Amount \$50.00
Full Name of Contributor Vito Alvarez				Registration Number, if PAC		
Street Address 38202 Avalon Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online	
City North Ridgeville	State OH	Zip Code 44039	M 0	D 7	Y 2 5 1 3	Amount \$34.00
Full Name of Contributor Dottie Buckon				Registration Number, if PAC		
Street Address 1245 Chase Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 7	Y 2 7 1 3	Amount \$34.00
Full Name of Contributor Lisa Metro				Registration Number, if PAC		
Street Address 2024 Wyandotte Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 8	Y 1 0 1 3	Amount \$50.00
Full Name of Contributor Marking for Lakewood Schools				Registration Number, if PAC		
Street Address 1542 Belle Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M 0	D 8	Y 3 0 1 3	Amount \$250.00
Full Name of Contributor Abby Rivera				Registration Number, if PAC		
Street Address 524 Stedway Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 3 0 1 3	Amount \$15.00
Full Name of Contributor Pam Debevoise				Registration Number, if PAC		
Street Address 536 Haversham Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 3 0 1 3	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 also appear. [R.C. 3517.10(B)(4)]