

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 Susan Dimickele						Registration Number, if PAC							
Street Address 2607 Henthorn Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #4215						
City Upper Arlington		State O H		Zip Code 43221		M 1		D 1		Y 0 2 0 5		Amount 100.00	
Full Name of Contributor Allen S. Shepherd						Registration Number, if PAC							
Street Address 6295 Cosgraay Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #5248						
City Dublin		State O H		Zip Code 43016		M 1		D 1		Y 0 5 0 5		Amount 150.00	
Full Name of Contributor Meeks Shamansky PAC						Registration Number, if PAC							
Street Address 511 S. High St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #1069						
City Columbus		State O H		Zip Code 43215		M 1		D 1		Y 0 8 0 5		Amount 500.00	
Full Name of Contributor Jo Ann Davidson						Registration Number, if PAC							
Street Address 6639 Forrester Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #12008						
City Reynoldsburg		State O H		Zip Code 43068		M 1		D 1		Y 2 0 0 5		Amount 500.00	
Full Name of Contributor Ohio Academy of Nursing Homes PAC						Registration Number, if PAC CP204							
Street Address 2 Miranova Place Suite 210			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #1747						
City Columbus		State O H		Zip Code 43215		M 1		D 1		Y 1 5 0 5		Amount 500.00	
Full Name of Contributor Colley Shroyer & Abraham						Registration Number, if PAC							
Street Address 536 South High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #29344						
City Columbus		State O H		Zip Code 43215		M 1		D 1		Y 0 4 0 5		Amount 1,500.00	
Full Name of Contributor Thomas N. Taneff Business Account						Registration Number, if PAC							
Street Address 600 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #8466						
City Columbus		State O H		Zip Code 43215		M 1		D 1		Y 0 4 0 5		Amount 250.00	
Full Name of Contributor Richard L. Royer						Registration Number, if PAC							
Street Address 1480 Dublin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check # 5105						
City Columbus		State O H		Zip Code 43215		M 1		D 1		Y 0 4 0 5		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)]

Page Total \$ 3,600.00