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				Registration Number, if PAC				
See Attachment 1 - Miscellaneous Cont								
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
							5,620.00	
Full Name of Contributor			Registr	ation Nun	ber, if PA	AC		
Contributions from Form 31-E - May 24	4, 2005 Ev	ent						
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
·	1		015	2 4	0 5		3,200.00	
Full Name of Contributor								
Contributions from Form 31-E - June 23	3. 2005 Ev	ent						
Street Address	Employer/Occu		Form (Cash, Check, etc.)			Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			016	2 3	0 5	1	2,135.00	
Full Name of Contributor				ation Nun				
Contributions from Form 31-E - July 21	, 2005 Eve	ent						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
City	State	Zip Code	М	D	Ÿ	Amount		
	1	\ .	11	1 1		1	3,610.18	
Full Name of Contributor			Registr	ation Nun	ber, if PA	AC		
Contributions from Form 31-E - Augus	t 2. 2005 E	event						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
						1		
City	State	Zip Code	M	D	Y	Amount		
							5,925.00	
Full Name of Contributor			Registr	ation Nun	iber, if PA	AC		
Contributions from Form 31-E - August 17, 2005 Event								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
City	State	Zip Code	М	D	Y	Amount		
·	1 1			1 1		l	4,250.00	
Full Name of Contributor	<u></u>		Registr	ation Nun	iber, if PA	AC		
Contributions from Form 31-E - Octobe	er 11. 2005	Event						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
		- In: 0 1	1 37	1 5	Τv	Amount		
City	State	Zip Code	M	D	Y	Amount	7 075 00	
5 11 2 2 2 2			Da siste	ation Num	han if D	VC	7,075.00	
Full Name of Contributor Registration Number, if P/								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
	<u> </u>					<u> </u>		

* 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)]