

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Demro							
Full Name of Contributor Michael Heitzman					Registration Number, if PAC		
Street Address 180 Rivers Edge Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 0 1	Y 1 3	Amount 50.00	
Full Name of Contributor David Summers					Registration Number, if PAC		
Street Address 6092 Stanbury Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Parma	State O H	Zip Code 44129	M 0 7	D 0 5	Y 1 3	Amount 25.00	
Full Name of Contributor Lydia Metro					Registration Number, if PAC		
Street Address 10684 Grand Prairie Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Strongsville	State O H	Zip Code 44136	M 0 7	D 1 0	Y 1 3	Amount 20.00	
Full Name of Contributor Allan Divis					Registration Number, if PAC		
Street Address 7805 Fort Myers Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Parma	State O H	Zip Code 44134	M 0 7	D 1 0	Y 1 3	Amount 100.00	
Full Name of Contributor Michele Divis					Registration Number, if PAC		
Street Address 7805 Fort Myers Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Parma	State O H	Zip Code 44134	M 0 7	D 1 0	Y 1 3	Amount 100.00	
Full Name of Contributor Leeanne Molina					Registration Number, if PAC		
Street Address 812 Goshen Rd, Apt. D29		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City West Chester	State P A	Zip Code 19380	M 0 7	D 1 9	Y 1 3	Amount 75.00	
Full Name of Contributor Josh Summers					Registration Number, if PAC		
Street Address 6094 Stanbury Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Parma	State O H	Zip Code 44129	M 0 7	D 2 3	Y 1 3	Amount 25.00	
Full Name of Contributor Michael Lanese					Registration Number, if PAC		
Street Address 4594 Goodman Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Grove City	State O H	Zip Code 43124	M 0 7	D 2 4	Y 1 3	Amount 250.00	

* 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 \$ 645.00