Page	1	
	<del>-</del>	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

							·			
Name of Committee in Full										
Citizens for Demro							_			
Full Name of Contributor				Registration Number, if PAC						
Michael Heitzman				<u> </u>						
Street Address	Employer	/Оссира	tion/Labor Organization*				Form (Cash, Che	ck, etc.)		
180 Rivers Edge Way							Check			
City	Sta		Zip Code	М	D	Y	Amount			
Gahanna	0	Н	43230	0 7	0 1	1 3		50.00		
Full Name of Contributor Registration Number, if PAC										
David Summers				L						
Street Address	Employer	/Оссира	tion/Labor Organization*				Form (Cash, Chee	ck, etc.)		
6092 Stanbury Road							Check			
City	Sta	te	Zip Code	М	D	Y	Amount			
Parma	01	Н	44129	0 7	0 5	1 3		25.00		
Full Name of Contributor			·			ber, if PA	C			
Lydia Metro										
Street Address	Employer	/Оссира	ntion/Labor Organization*	-			Form (Cash, Che	ck, etc.)		
10684 Grand Prairie Lane							Check			
City	Sta	te	Zip Code	М	D	Y	Amount	-		
Strongsville	$\log 1$	Н	44136	0 7	10	1 3		20.00		
Full Name of Contributor	1 .		1 2 2 2 0 0			ber, if PA	С			
Allan Divis				"						
Street Address	Employer	/Оссива	ation/Labor Organization*	<u> </u>			Form (Cash, Che	ck, etc.)		
7805 Fort Myers Drive						,	Cash	. ,		
City	Sta	ite	Zip Code	M	D	Y	Amount			
Parma	0	Н	44134	0 7	10	1 3		100.00		
Full Name of Contributor	101		77107			ber, if PA	C	100.00		
Michele Divis				registic	don roun	00, 1111				
Street Address	Employer	Dogwood	ation/Labor Organization*				Form (Cash, Che	ck etc.)		
	Employer	/Occupa	Montabol Organization				Cash	on, etc.)		
7805 Fort Myers Drive	Sta	140	Zip Code	T M	D	Y	Amount			
	1	H	44134	I .	1 .	Ł.	ranoun	100.00		
Parma Full Name of Contributor	0	11	44134			LIIJ ber, if PA		100.00		
				Registra	uon mun	DCI, II 17				
Leeanne Molina Street Address	10	/Comme	stian/Labor Organization*	<u> </u>			Form (Cash, Che	ck atc.)		
	Employer/Occupation/Labor Organization*						Check	ck, cic.)		
812 Goshen Rd, Apt. D29	F.,	40	Tin Code	Тм	D	Y	Amount			
	Sta	A	Zip Code					75.00		
West Chester Full Name of Contributor	P	- 1 1	19380	Dovietes	1119	1   3 Iber, if PA		75.00		
				Registra	HOII NWI	ibei, ii FA				
Josh Summers	T6 .		ation/Labor Organization*				Form (Cash, Che	-1 \		
Street Address	Employe	r/Occupa	ation/Labor Organization*					CK, etc.)		
6094 Stanbury Road	F.		7: O. 1:	<u> </u>	T n	Ιν	Online			
City	Sta		Zip Code	M O L	D	Y	Amount	25.00		
Parma	0	H	44129	$0 \mid 7$	213			25.00		
Full Name of Contributor Registration Number, if PAC										
Michael Lanese	le ·						Form (Cost C	المعالم		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
4594 Goodman Street	1		Ter of the	1	· 1	T 1,	Online	<del>.</del> .		
City	1	ate	Zip Code	M	D	Y	Amount	250.00		
Grove City		Н	43124	0 7	2 4	1 3		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