Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Demro					
Full Name of Contributor			Registration Number, if PAC		
Noah Hampton					
Street Address 28208 Jewel Road	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Defiance	State OH	Zip Code 43512	0 7 2 5 1 3	Amount \$34.00	
Full Name of Contributor Patrick Moran			Registration Number, if F	AC .	
Street Address 1189 Virginia Avenue	Employer/Occu	tpation/Labor Organization		Form (Cash, Check, etc.) Online	
City Lakewood	State OH	Zip Code 44107	0 7 2 5 1 3	Amount \$50.00	
Full Name of Contributor Vito Alvarez				Registration Number, if PAC	
Street Address 38202 Avalon Drive	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Online	
City North Ridgeville	State OH	Zip Code 44039	0 7 2 5 1 3	Amount \$34.00	
Full Name of Contributor Dottie Buckon			Registration Number, if P	AC	
Street Address 1245 Chase Avenue	Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	M D Y 0 7 0 7 1 3	Amount \$34.00	
Full Name of Contributor Lisa Metro			Registration Number, if P.	AC	
Street Address 2024 Wyandotte Avenue	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	0 8 1 0 1 3	Amount \$50.00	
Full Name of Contributor Markling for Lakewood Schools			Registration Number, if P.	Registration Number, if PAC	
Street Address 1542 Belle Avenue		pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Lakewood	State OH	Zip Code 44107	0 8 3 0 1 3	Amount \$250.00	
Full Name of Contributor Abby Rivera			Registration Number, if Pa	AC	
Street Address 524 Stedway Court	Employer/Occup	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M D Y O 1 3	Amount \$15.00	
Full Name of Contributor Parn Debevoise			Registration Number, if Pa	AC	
Street Address 536 Haversham Drive	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M D Y 0 8 3 0 1 3	Amount \$25.00	

Page Total \$492.00

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)]