

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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 OH		Zip Code 43230		M 0		D 7	
						Y 0		Y 1	
								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 OH		Zip Code 44129		M 0		D 7	
						Y 0		Y 5	
								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 OH		Zip Code 44136		M 0		D 7	
						Y 1		Y 0	
								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 OH		Zip Code 44134		M 0		D 7	
						Y 1		Y 0	
								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 PA		Zip Code 19380		M 0		D 7	
						Y 1		Y 9	
								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 OH		Zip Code 44129		M 0		D 7	
						Y 2		Y 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 OH		Zip Code 43124		M 0		D 7	
						Y 2		Y 4	
								Amount \$250.00	
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 OH		Zip Code 44134		M 0		D 7	
						Y 1		Y 0	
								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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$645.00**