

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Demro							
Full Name of Contributor Karen & Dick Angelou					Registration Number, if PAC		
Street Address 1081 Cannonade Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 6	Y 1 3	Amount 100.00	
Full Name of Contributor Barbara Cook					Registration Number, if PAC		
Street Address 127 Jahn Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 5	Y 1 3	Amount 25.00	
Full Name of Contributor Carl Tisone					Registration Number, if PAC		
Street Address 585 Wickham Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 6	Y 1 3	Amount 10.00	
Full Name of Contributor Alfred & Barbara Mecozzi					Registration Number, if PAC		
Street Address 843 Harmony Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 3	Amount 25.00	
Full Name of Contributor Sharla House					Registration Number, if PAC		
Street Address 141 Sierra Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 5	Y 1 3	Amount 20.00	
Full Name of Contributor Peggy & Richard Retherford					Registration Number, if PAC		
Street Address 355 Flint Ridge Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 9	Y 1 3	Amount 25.00	
Full Name of Contributor Bill & Gladys Stehle					Registration Number, if PAC		
Street Address 654 Crossing Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 1 0	Y 1 3	Amount 250.00	
Full Name of Contributor Jon Schroeder					Registration Number, if PAC		
Street Address 99 Jahn Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 1 6	Y 1 3	Amount 40.00	

* 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 \$ 495.00