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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			·							
Name of Committee in Full										
Citizens for Demro										
Full Name of Contributor				Registra	tion Num	ber, if PA	.C			
Fletcher & Patty Hastings										
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Chec	k, etc.)		
748 Jonsol Court							Check			
City	Sta		Zip Code	M	D	Y	Amount			
Gah <u>anna</u>		H	43230		0 5			10.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	c			
David Platt										
Street Address	Employe	г/Оссира	ntion/Labor Organization*				Form (Cash, Chec	k, etc.)		
535 Haversham Drive							Cash			
City	Sta	ate	Zip Code	М	D	Y	Amount			
Gahanna	0	Н	43230	0 9	0 9	1 3		10.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	Ċ			
George Wehrley				ļ						
Street Address	Employe	r/Occupa	ation/Labor Organization*	<u> </u>			Form (Cash, Chec	k, etc.)		
430 Langford Court							Check			
City	St	ate	Zip Code	М	D	Y	Amount			
Gahanna	0	Н	43230	019	111	1 3		20.00		
Full Name of Contributor			1			ber, if PA	С			
Al & Teresa Shuler										
Street Address	Employe	г/Оссира	ation/Labor Organization*				Form (Cash, Chec	k, etc.)		
81 Savern Place							Check			
City	St	State Zip Code			Đ	ΙΥ	Amount			
Gahanna	0	Н	43230	1019	015	1 3	ļ	100.00		
Full Name of Contributor	1 0	•	10200			iber, if PA		100.00		
Jay & Janie Waugh						,				
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k. etc.)		
599 Wickham Way		Briproyen occupation 22000 organization						Check		
City	St	ate	Zip Code	I M	D	Ϋ́	Amount			
Gahanna	0	H	43230	0 9	Ι.	1 3		50.00		
Full Name of Contributor			40200			ber, if PA	С.	50.00		
Herman & Pam Belcher				i veganica			.0			
Street Address	Employe	r/Occups	ation/Labor Organization*				Form (Cash, Chec	rk etc.)		
1148 Rice Avenue	Linploye	Employer/Occupation/Labor Organization*					Check			
City	S+	ate	Zip Code	М	D	Y	Amount			
Gahanna	0		43230			1 3		50.00		
Full Name of Contributor	10		43230	Pagistra	tion Num	ber, if PA	<u> </u>	30,00		
1				Registra	alon Ivan	ioci, ii i A	ic.			
Chuck & Brenda Fearing Street Address	In alama	10	-ti // abou Oussinstin-*				Form (Cash, Chec	de ata l		
	Епрюуе	Employer/Occupation/Labor Organization*					Check	ж, еш.)		
431 Langford Court	6.		7:- Cada	1 14	T 0	Τv				
City	_	ate H	Zip Code	M	D D	Y	Amount	25.00		
Gahanna	O	11	43230	_		1 3	<u></u>	25.00		
Full Name of Contributor				Kegistra	uon Num	iber, if PA				
Jim & Nancy McGregor							E (C) C			
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
180 Academy Court			I a .	1	T -=	Ť	<u>Online</u>			
City	- I	ate	Zip Code	М	D	Y	Amount	400.00		
Gahanna	0	Н	43230	09	2 5	1 3		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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 365.00