

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Demro							
Full Name of Contributor Fletcher & Patty Hastings						Registration Number, if PAC	
Street Address 748 Jonsol Court		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 0 5	Y 1 3	Amount 10.00	
Full Name of Contributor David Platt						Registration Number, if PAC	
Street Address 535 Haversham Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 0 9	Y 1 3	Amount 10.00	
Full Name of Contributor George Wehrley						Registration Number, if PAC	
Street Address 430 Langford Court		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 1	Y 1 3	Amount 20.00	
Full Name of Contributor Al & Teresa Shuler						Registration Number, if PAC	
Street Address 81 Savern Place		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 0 5	Y 1 3	Amount 100.00	
Full Name of Contributor Jay & Janie Waugh						Registration Number, if PAC	
Street Address 599 Wickham Way		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 0 1	Y 1 3	Amount 50.00	
Full Name of Contributor Herman & Pam Belcher						Registration Number, if PAC	
Street Address 1148 Rice Avenue		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 0	Y 1 3	Amount 50.00	
Full Name of Contributor Chuck & Brenda Fearing						Registration Number, if PAC	
Street Address 431 Langford Court		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 3	Y 1 3	Amount 25.00	
Full Name of Contributor Jim & Nancy McGregor						Registration Number, if PAC	
Street Address 180 Academy Court		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Online	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 5	Y 1 3	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 appear. [R.C. 3517.10(B)(4)]