

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DeGraw for Mayor							
Full Name of Contributor Michael Bruce						Registration Number, if PAC	
Street Address 1000 Urlin Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 0	D 8	Y 23	Y 11	Amount \$ 100
Full Name of Contributor Melissa DeGraw Metz						Registration Number, if PAC	
Street Address 1176 Grandview Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 13	Y 11	Amount \$ 100
Full Name of Contributor Susan M. Jagers						Registration Number, if PAC	
Street Address 1543 Wyandotte Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 11	Y 11	Amount \$ 100
Full Name of Contributor Keith Dufrene						Registration Number, if PAC	
Street Address 1112 Fairview Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 13	Y 11	Amount \$ 300
Full Name of Contributor Kathleen A Lithgow						Registration Number, if PAC	
Street Address 1226 Parkway Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 13	Y 11	Amount \$ 100
Full Name of Contributor Patrik G Bowman						Registration Number, if PAC	
Street Address 4050 Glenmont Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 23	Y 11	Amount \$ 250
Full Name of Contributor Renee L Heydinger						Registration Number, if PAC	
Street Address 1216 W First Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 23	Y 11	Amount \$ 40
Full Name of Contributor James B Waddell						Registration Number, if PAC	
Street Address 1330 Wyandotte Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 23	Y 11	Amount \$ 50

* 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)]

\$ 1,040