## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full			-	
Citizens for Demro				
Full Name of Contributor Michael Heitzman			Registration Number, if I	AC
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
180 Rivers Edge Way	<u> </u>			Check
City Gahanna	State OH	Zip Code 43230	0 7 0 1 1 3	Amount \$50.00
Full Name of Contributor			Registration Number, if F	AC
David Summers				
Street Address 6092 Stanbury Road		upation/Labor Organization		Form (Cash, Check, etc.) Check
City Parma	State OH	Zip Code 44129	0 7 0 5 1 3	Amount \$25.00
Full Name of Contributor Lydia Metro		-	Registration Number, if PAC	
Street Address 10684 Grand Prairie Lane	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Strongsville	State OH	Zip Code 44136	0 7 1 0 1 3	Amount \$20.00
Full Name of Contributor Allan Divis			Registration Number, if P	AC
Street Address 7805 Fort Myers Drive	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.)  Cash
City Parma	State OH	Zip Code 44134	0 7 1 0 1 3	Amount \$100.00
Full Name of Contributor Leeanne Molina	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	Registration Number, if P.	<u> </u>
Street Address	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.)
812 Goshen Rd., Apt. D29		Ţ.		Check
City West Chester	State PA	Zip Code 19380	0 7 1 9 1 3	Amount \$75.00
Full Name of Contributor  Josh Summers				AC "
Street Address 6094 Stanbury Road	Employer/Occur	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Parma	State OH	Zip Code 44129	0 7 2 3 1 3	Amount \$25.00
Full Name of Contributor  Michael Lanese			Registration Number, if Pa	AC
Street Address 4594 Goodman Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online
City Grove City	State OH	Zip Code 43124	0 7 2 4 1 3	Amount \$250.00
Full Name of Contributor Michele Divis			Registration Number, if PA	AC
Street Address 7805 Fort Myers Drive		pation/Labor ()rganization		Form (Cash, Check, etc.)  Cash
City Parma	State OH	Zip Code 44134	M D Y O 7 1 0 1 3	Amount \$100.00

Page Total \$645.00

<sup>\*</sup> 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)]