

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Demro							
Full Name of Contributor Noah Hampton					Registration Number, if PAC		
Street Address 28208 Jewell Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 2 5	Y 1 3	Amount 34.00	
Full Name of Contributor Patrick Moran					Registration Number, if PAC		
Street Address 1189 Virginia Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Lakewood	State O H	Zip Code 44107	M 0 7	D 2 5	Y 1 3	Amount 50.00	
Full Name of Contributor Vito Alvarez					Registration Number, if PAC		
Street Address 38202 Avalon Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City N. Ridgeville	State O H	Zip Code 44039	M 0 7	D 2 5	Y 1 3	Amount 34.00	
Full Name of Contributor Dottie Buckon					Registration Number, if PAC		
Street Address 1245 Chase Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lakewood	State O H	Zip Code 44107	M 0 7	D 2 7	Y 1 3	Amount 34.00	
Full Name of Contributor Lisa Metro					Registration Number, if PAC		
Street Address 2024 Wyandotte Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lakewood	State O H	Zip Code 44107	M 0 8	D 1 0	Y 1 3	Amount 50.00	
Full Name of Contributor Markling for Lakewood Schools					Registration Number, if PAC		
Street Address 1542 Belle Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lakewood	State O H	Zip Code 44107	M 0 8	D 3 0	Y 1 3	Amount 250.00	
Full Name of Contributor Abby & Francisco Rivera					Registration Number, if PAC		
Street Address 524 Stedway Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 8	D 3 0	Y 1 3	Amount 15.00	
Full Name of Contributor Dick & Pam Debevoise					Registration Number, if PAC		
Street Address 536 Haversham Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 8	D 3 0	Y 1 3	Amount 25.00	

* 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)]