

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Brett Sciotto									
Full Name of Contributor Brett Febus						Registration Number, if PAC			
Street Address 4060 Wayne Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard		State O H	Zip Code 43026		M 0	D 3	Y 0	Amount 500.00	
Full Name of Contributor Mary Wayman						Registration Number, if PAC			
Street Address 3752 Dayspring Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State O H	Zip Code 43026		M 0	D 3	Y 0	Amount 50.00	
Full Name of Contributor Greg Barwell						Registration Number, if PAC			
Street Address 41 S High Street, Suite 1275			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43215		M 0	D 3	Y 0	Amount 100.00	
Full Name of Contributor Phyllis Ernst						Registration Number, if PAC			
Street Address 4643 Schirtzinger Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State O H	Zip Code 43026		M 0	D 3	Y 0	Amount 125.00	
Full Name of Contributor Frank Ciotola						Registration Number, if PAC			
Street Address 4225 Greensview Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43220		M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Committee for Dewey Stokes						Registration Number, if PAC			
Street Address 750 Willow Bend Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43204		M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Jean Junk						Registration Number, if PAC			
Street Address 3722 East Links Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard		State O H	Zip Code 43026		M 0	D 3	Y 1	Amount 125.00	
Full Name of Contributor Donald Falcoski						Registration Number, if PAC			
Street Address 5971 Olentangy River Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State O H	Zip Code 43085		M 0	D 3	Y 1	Amount 35.00	

* 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 \$ 1,135.00