

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Brett Sciotto			Posicipation Number of DAC				
Full Name of Contributor				Registration Number, if PAC			
Brett Febus		with the Committee of the				Form (Cl- Cl	ool, oto
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
4060 Wayne Street						check	
City	State	Zip Code	M	D		Amount	maa aa
Hilliard	O H	43026	0 3		0 9		500.00
Full Name of Contributor	-		Registrat	ion Numl	ber, if PA	C	
Mary Wayman				***************************************			
Street Address	Employer/Occup				Form (Cash, Ch	eck, etc.)	
3752 Dayspring Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	O H	43026	0 3	0 3	0 9		50.00
Full Name of Contributor	Registration Number, if PA					С	
Greg Barwell							
Street Address	Employer/Occup				Form (Cash, Ch	eck, etc.)	
41 S High Street, Suite 1275					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	0 3	0 6	0 9		100.00
Full Name of Contributor					ber, if PA	С	
Phyllis Ernst			200				
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Ch	neck, etc.)
4643 Schirtzinger Road	' '				Check		
City	State	Zip Code	М	D	Y	Amount	
Hilliard	ОН	43026	03	0 6	0 9		125.00
Full Name of Contributor					ber, if PA	C	
Frank Ciotola							
Street Address	Employer/Occur	pation/Labor Organization*			Successive Security S	Form (Cash, Cl	neck, etc.)
4225 Greensview Drive	2projen ocean				Check		
	State	Zip Code	М	D	Y	Amount	
City Columbus	OH	43220	0 3	1	1	8	100.00
Full Name of Contributor		T V 64 64 V					100.00
Committee for Dewey Stokes	Employar/Osaw	oation/Labor Organization*			VA-10/10/10/10/10/10	Form (Cash, Cl	neck etc.)
Street Address	Employer/Occup				Check		
750 Willow Bend Lane	State	Zip Code	М	D	Y	Amount	
College large	OH			1	0 9	## E	100.00
Columbus		サンムリオ			ber, if PA		100.00
Full Name of Contributor			registra	itiOH INUIT	ivei, ii PA		
Jean Junk	r. 1 /					Form (Cash, Cl	haok ato
Street Address	Employer/Occupation/Labor Organization*					8	HECK, EIC.)
3722 East Links Circle		Ta: 0.1	1.77	Tr	1 17	check	
City	State	Zip Code	M	D	Y	Amount	105.00
Hilliard	OH	43026	0 3				125.00
Full Name of Contributor			Registra	ation Nun	iber, if PA	IC.	
Donald Falcoski				.,	\$11 0.00		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5971 Olentangy River Road				· · · · · · · · · · · · · · · · · · ·		check	
City	State	Zip Code	M	D	Y	Amount	, mar -
Worthington	0 H	43085	0 3	1 1	0 9		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