

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Brett Sciotto							
Full Name of Contributor Diana Chime					Registration Number, if PAC		
Street Address 6056 Witherspoon Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0	D 3	Y 1	Amount 35.00	
Full Name of Contributor Matthew Crumpton					Registration Number, if PAC		
Street Address 247 Collins Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 1	Amount 35.00	
Full Name of Contributor Jennifer Imes					Registration Number, if PAC		
Street Address 1730 King Avenue, Apt D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 3	Y 1	Amount 70.00	
Full Name of Contributor Erik Yassenoff					Registration Number, if PAC		
Street Address 2260 Swansea Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 3	Y 1	Amount 50.00	
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner, LPA PAC					Registration Number, if PAC CP-1058		
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Dr. Daniel Rankin, DDS					Registration Number, if PAC		
Street Address 5515 Scioto Darby Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0	D 3	Y 1	Amount 50.00	
Full Name of Contributor Thomas Rankin					Registration Number, if PAC		
Street Address 5515 Scioto Darby Road		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 Richard Stage					Registration Number, if PAC		
Street Address 2733 Woodgrove Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0	D 3	Y 1	Amount 50.00	

* 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 \$ 515.00