

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				***************************************	***************************************		
Name of Committee in Full						•	
Citizens for Brett Sciotto			en librario antico de la constante de la const				
Full Name of Contributor			Registra	tion Numl	ber, if PA	C	
Diana Chime	- I						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
6056 Witherspoon Way						check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43081	0 3	1 1	0 9	35.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	С	
Matthew Crumpton							
Street Address	Employer/Occupa	ation/Labor Organization*		***************************************		Form (Cash, Check, etc.)	
247 Collins Avenue						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	0 3	1 1	0 9	35.00	
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE	tion Numl	ber, if PA	C	
Jennifer Imes							
Street Address	Employer/Occupa	ation/Labor Organization*	Samuel and the same of the sam	ood-varid-grain zewool label/20		Form (Cash, Check, etc.)	
1730 King Avenue, Apt D						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43212	0 3	1 1	0 9	70.00	
Full Name of Contributor			STATE OF THE PERSON NAMED IN COLUMN	tion Num	COLUMN STATES AND ADDRESS OF THE PROPERTY OF T		
Erik Yassenoff					•		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
2260 Swansea Road	,,	O				Check	
City	State	Zip Code	I M	D	Y	Amount	
Upper Arlington	OH	43221	1 .	1 1		50.00	
Full Name of Contributor		L) basi basi 3.				2 CONTRACTOR OF	
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner, LPA PAC Registration Number, if PA CP-1058							
Street Address		ation/Labor Organization*		-1000		Form (Cash, Check, etc.)	
·	Employer/Occup	ation/Lator Organization					
300 Spruce Street	State	Zip Code	М	1 5	Y	Check	
Coloradoro		43215		D		Amount	
Columbus	TO H	1 40210	0 3	decrease and continues		100.00	
Full Name of Contributor Registration Number, if PAC Dr. Doniel Bon Live DDC							
Dr. Daniel Rankin, DDS	Ir/0	-ti / -1 Oiti*		noorania aasaa aasaa aa	F83A F845/000/KA-00400-00000	F (O1. Cl11.)	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5515 Scioto Darby Road	A	Iz. 6.1	1 57	1 = =	1 32	Check	
City	State O H	Zip Code	M	D	Y	Amount	
Hilliard	10 11	43026		1 6			
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Thomas Rankin	T						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
5515 Scioto Darby Road		~~~				check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	O H	43026	0 3		0 9	125.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Richard Stage		<u>.</u>		******************************			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
2733 Woodgrove Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Grove City	OH	43123	0 3	1 6	0 9	50.00	

Page Total	\$ 515.00

^{*} 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)]