

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				100000000000000000000000000000000000000	XV2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Name of Committee in Full						
Citizens for Brett Sciotto			In .		:CD:	C
Full Name of Contributor			Registra	tion Numb	oer, if PA	C
Ed Hastie						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1441 King Avenue, Suite 101		**		,		check
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43212	0 4	generalisar gwilfornigo	0 9	100.00
Full Name of Contributor			Registra	tion Numl	ber, if PA	C
Dan Nichter					····	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2985 Snowberry Lane						check
City	State	Zip Code	М	D	Y	Amount
Hilliard	ОН	43026	$0 \mid 4$	2 8	0 9	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Tiffany Timmons						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1449 North Star Avenue						online contribut
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43212	$0 \mid 4$	3 0	0 9	25.00
Full Name of Contributor	<u> </u>		Registra	tion Num	and the state of t	С
Pamela Cinelli						
Street Address	Employer/Occup	ation/Labor Organization*	Service Control of the Control of th			Form (Cash, Check, etc.)
4611 Trailane Drive						check
City	State	Zip Code	М	D	Y	Amount
Hilliard	OH	43026	$0 \mid 4$	3 0	0 9	35.00
Full Name of Contributor			Registra	ition Num	ber, if PA	C
Greg Grinch						
Street Address	Employer/Occup	ation/Labor Organization*			***************************************	Form (Cash, Check, etc.)
2560 Bryan Court						online contribut
City	State	Zip Code	M	D	Y	Amount
Grove City	$O \mid H$	43123	$0 \mid 4$	3 0	0 9	50.00
Full Name of Contributor			NAMES OF THE OWNER OF THE OWNER, WHEN THE OWNER,	tion Num	CANCEL CONTRACTOR	C
Rocky Black						
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
2152 Birch Bark Trail						check
City	State	Zip Code	М	D	Y	Amount
Grove City	O H	43123	0 4	3 0	019	100.00
Full Name of Contributor				ntion Num		
Steve Mazer						
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
3362 Harbor Bay Drive	' ' '	Ü				check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43221	0 5	1 .	0 9	25.00
Full Name of Contributor		10221	ramananina (jamananina internati	ation Num		
Kip Morse						
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>	MATERIAL DESCRIPTION OF THE PARTY.		Form (Cash, Check, etc.)
8200 Markhaven Drive						online contribut
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43235	0 5	1 .	0 9	1
Commode		10400	1010	1010	」ひ」フ	50.00

Page Total S	485.00
	WINDOWS WILL SAND COMMON TO THE PARTY OF THE

^{*} 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)]