

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Brett Sciotto									
Full Name of Contributor Ed Hastie						Registration Number, if PAC			
Street Address 1441 King Avenue, Suite 101			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43212	M 0	D 4	Y 2	8	0	Amount 100.00
Full Name of Contributor Dan Nichter						Registration Number, if PAC			
Street Address 2985 Snowberry Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 4	Y 2	8	0	Amount 100.00
Full Name of Contributor Tiffany Timmons						Registration Number, if PAC			
Street Address 1449 North Star Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online contributi		
City Columbus	State O	H H	Zip Code 43212	M 0	D 4	Y 3	0	0	Amount 25.00
Full Name of Contributor Pamela Cinelli						Registration Number, if PAC			
Street Address 4611 Trailane Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 4	Y 3	0	0	Amount 35.00
Full Name of Contributor Greg Grinch						Registration Number, if PAC			
Street Address 2560 Bryan Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online contributi		
City Grove City	State O	H H	Zip Code 43123	M 0	D 4	Y 3	0	0	Amount 50.00
Full Name of Contributor Rocky Black						Registration Number, if PAC			
Street Address 2152 Birch Bark Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State O	H H	Zip Code 43123	M 0	D 4	Y 3	0	0	Amount 100.00
Full Name of Contributor Steve Mazer						Registration Number, if PAC			
Street Address 3362 Harbor Bay Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 5	Y 0	5	0	Amount 25.00
Full Name of Contributor Kip Morse						Registration Number, if PAC			
Street Address 8200 Markhaven Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online contributi		
City Columbus	State O	H H	Zip Code 43235	M 0	D 5	Y 0	5	0	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 \$ 485.00