

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Brett Sciotto							
Full Name of Contributor Angela White					Registration Number, if PAC		
Street Address 1572 Worthington Park Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 5	Y 0 9	Amount 25.00	
Full Name of Contributor James Underwood					Registration Number, if PAC		
Street Address 4140 Stargrass Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 1 5	Y 0 9	Amount 100.00	
Full Name of Contributor Lori Weaver					Registration Number, if PAC		
Street Address 217 Wicklow Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) money order		
City Granville	State O H	Zip Code 43023	M 1 0	D 1 5	Y 0 9	Amount 200.00	
Full Name of Contributor Brett Kaufman					Registration Number, if PAC		
Street Address 2 Easton Oval		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43219	M 1 0	D 1 5	Y 0 9	Amount 250.00	
Full Name of Contributor Betsy Hart					Registration Number, if PAC		
Street Address 2 Easton Oval		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43219	M 1 0	D 1 5	Y 0 9	Amount 250.00	
Full Name of Contributor Spencer Jacobs					Registration Number, if PAC		
Street Address 8660 Gairloch Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) online contribution		
City Dublin	State O H	Zip Code 43017	M 1 0	D 1 5	Y 0 9	Amount 500.00	
Full Name of Contributor Gerald Edwards					Registration Number, if PAC		
Street Address 1680 Andover Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington	State O H	Zip Code 43212	M 1 0	D 1 6	Y 0 9	Amount 100.00	
Full Name of Contributor Clyde Seidle, Jr.					Registration Number, if PAC		
Street Address 4733 Clubpark Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 1 6	Y 0 9	Amount 200.00	

* 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 \$ 1,625.00