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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Vote Schadek					
Full Name of Contributor				Registration Number, if PAC	
Becky Scholl			January Control of the Control of th		
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)	
1669 Cambridge Boulevard	Employer/ occupation/ Education			Paypal	
City	State	Zip Code	M D Y	Amount	
Upper Arlington	ОН	43222	1 0 2 5 1 1	23.97	
Full Name of Contributor		-rds***	Registration Number, it	PAC	
Craig P. Scott					
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)	
194 Baranof Dr. W	1	į		Check	
City	State	Zip Code	M D Y	Amount	
Westerville	ОН	43081	1 1 0 2 1 1	250.00	
Full Name of Contributor	•		Registration Number, if PAC		
Paul Suffoletto		•	C00032979		
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)	
555 E. Rich Street	Teamst	Teamsters Local No. 284		Check	
City	State	Zip Code	M D Y	Amount	
Columbus	O H	43215	1 1 1 0 2 1 1	250.00	
Full Name of Contributor		:	Registration Number, it	PAC	
Lloyd Scott					
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)	
1364 Trentwood Road				Check	
City	State	Zip Code	M D Y	Amount	
Upper Arlington	O H	43221	1 1 0 2 1 1	100.00	
Full Name of Contributor Registration Number, if PAC					
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
				<u> </u>	
Full Name of Contributor Registration Number, if PAC					
Street Address	Employer/Occ	upation/Labor Organization*	Form (Cash, Check, etc.)		
City	State	Zip Code	MDY	Amount	
Full Name of Contributor Registration Number, if PAC					
Street Address	Employer (Occ	upation/Labor Organization*		Form (Cash, Check, etc.)	
tStreet Address	Linpioyer/ Occ	nhations repor cademization		romi (cash, check, etc.)	
Chu	State	Zip Code	M D Y	Amount	
City	State	Zip Code		Miloune	
E il Name of Constitutos			Pagistration Number if	PAC	
Full Name of Contributor Registration Number, if PAC					
Straat Addrass	Employer/Occupation/Labor Organization*				
Street Address	Employer/Occ	upation capor Organization"		Form (Cash, Check, etc.)	
Cia.	State	Zip Code	M D Y	Amount	
City	. state	Zip cook			
		mbh, candidatos, if contribut			

* 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 \$ 623,97