

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		Zip Code 43212		M 0 3		D 2 4		Y 0 9		Amount 35.00
Full Name of Contributor Evan Offstein						Registration Number, if PAC						
Street Address 215 Armstrong Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Frostburg		State M D		Zip Code 21532		M 0 3		D 2 4		Y 0 9		Amount 50.00
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		Zip Code 43221		M 0 3		D 3 0		Y 0 9		Amount 25.00
Full Name of Contributor Scott Stafford						Registration Number, if PAC						
Street Address 5547 Seapine Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Hilliard		State O H		Zip Code 43026		M 0 3		D 3 0		Y 0 9		Amount 50.00
Full Name of Contributor Pamela Fox						Registration Number, if PAC						
Street Address 2266 Collins Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Worthington		State O H		Zip Code 43085		M 0 3		D 3 0		Y 0 9		Amount 50.00
Full Name of Contributor Greg Barwell						Registration Number, if PAC						
Street Address 41 S High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43215		M 0 4		D 0 2		Y 0 9		Amount 50.00
Full Name of Contributor Huntington PAC HBI-PAC						Registration Number, if PAC C00165589						
Street Address 41 S High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43215		M 0 4		D 0 9		Y 0 9		Amount 150.00
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 0 4		D 1 3		Y 0 9		Amount 125.00

* 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 \$ 535.00