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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Brett Sciotto			3				
ull Name of Contributor			Registration Number, if PAC				
Diana Chime							was a second and a
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
6056 Witherspoon Way						check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43081	0 3	1 1	0 9		35.00
Full Name of Contributor			Registrat	ion Numl	per, if PA	С	
Matthew Crumpton							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)
247 Collins Avenue						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215	0 3	1 1	0 9		35.00
Full Name of Contributor			Silvania sum Carantera e e e e e e e e e e e e e e e e e e		ber, if PA	C	
Jennifer Imes			_				
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Che	eck, etc.)
1730 King Avenue, Apt D		Employer observation and organization				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43212	0 3	1 1	0 9		70.00
Full Name of Contributor		L(/20 3.40	CONTRACTOR OF THE PARTY OF THE	AND RESIDENCE AND RESIDENCE	ber, if PA	.C	
Erik Yassenoff					,		
Street Address	Employer/Occup	ation/Labor Organization*		/arecommonment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form (Cash, Ch	eck. etc.)
1	Employer/Occup	Employer/Occupation/Labor Organization*			Check		
2260 Swansea Road	State	Zip Code	M	D	Y	Amount	
City		43221		1 1	1	Timount	50.00
Upper Arlington	<u> </u>	43441			ber, if PA	C	30.00
Full Name of Contributor	1	1	8 -	-1058	ber, ii r A		
Wiles, Boyle, Burkholder, Bringa			Cr.	-1000		Form (Cash, Ch	oak ata)
Street Address	Employer/Occup	ation/Labor Organization*				R	eck, etc.)
300 Spruce Street			1	T -5	7 7.	Check	
City	State	Zip Code	M	D	Y	Amount	100.00
Columbus	OH	43215	0 3				100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	vC.	
Dr. Daniel Rankin, DDS				21,000,000,000,000,000			gypanyspaniatoraeministrationis
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
5515 Scioto Darby Road				·		Check	
City	State	Zip Code	M	D	Y	Amount	wa aa
Hilliard	OH	43026	0 3	1 6	0 9		50.00
Full Name of Contributor			Registra	tion Num	iber, if PA	AC	
Thomas Rankin						***************************************	managara kalandan sa kalandan kalanda k
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*					eck, etc.)
5515 Scioto Darby Road						check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OH	43026	0 3	1 6	0 9	Ulliante	125.00
Full Name of Contributor			ACCESSORE AND ADDRESS OF THE PROPERTY OF THE PARTY OF THE		ber, if PA	er Karamana andre andre and an andre and an andre and an andre and an anti-	
Richard Stage			2000				
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
2733 Woodgrove Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Grove City	OH	43123	0 3	1 6	0 9		50.00
	1		THE RESERVE THE PARTY OF THE PA	AND DESCRIPTION OF THE PARTY OF	and the second second	y day y was a part of the second	

Page Total \$ 515.00

^{*} 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)]