

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N 60 % X 10							
Name of Committee in Full							
Citizens for Brett Sciotto			Dac! ·	ion Ni-	or ich		
Full Name of Contributor				Registration Number, if PAC			
Lori Weaver	r1 10	Gardin Art - O				Form (Carl O	ale ata
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	
217 Wicklow Drive		1	1	 -		money o	oraer
City	State	Zip Code	M	D		Amount	00000
Granville	OH	43023	0 3	and the state of t			250.00
Full Name of Contributor			Registra	tion Numl	per, if PA	С	
Tracy Bradford				************************			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
5433 Tinsbury Court						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43235	0 3				100.00
Full Name of Contributor	Registration Number, if PA					С	
Chuck Buck							
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
4814 Canterwood Court						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	ОН	43026	03	1 6	0 9		250.00
Full Name of Contributor	·			tion Num		C	
Larry Earman							
	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
4369 Shire Creek Court	,					Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026		1 6	0 9		250.00
Fill Name of Contributor				tion Num	CARTON CONTRACTOR CONTRACTOR		
James Underwood			0.5010		, • •		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
	Employer Occupation Section Organization						, ,
4140 Stargrass Court	State	Zip Code	М	D	Y	Check Amount	
^{City} Hilliard	OH	43026	0 3	1			100.00
HIIIIATG Full Name of Contributor		I LUVAU		L: O	and the second s	Marie and a series of the seri	400.00
					, ** 1 🗸	-	
Glen Dugger	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			eck etc.)
Street Address					Check	1	
37 West Broad Street	Smith &	Hale Attorneys	M	D	Y	Amount	
Columnia	State H	Zip Code	1	1	1		50.00
Columbus		<u> 10210</u>		1 7			50.00
Full Name of Contributor			registra	auon Nün	ioui, II PA		
Erin Mayne	r1 (2)	ation/Labor Organization*				Form (Cs-L C)	eck etc
Street Address	Employer/Occup				Form (Cash, Ch	icon, etc.)	
3220 Scioto Run Blvd	~	17: 6 1	1	7.	1 1/	check	
City	State	Zip Code	M	D	Y	Amount	000.00
Hilliard	OH	43026	0 3	makes and the second second second			250.00
Full Name of Contributor	4 .		Registr	ation Nun	iber, if PA	AC .	
contribution under \$25.00 disclosure lir					21000000000000000000000000000000000000		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	neck, etc.)
						check	Marie Control of the
City	State	Zip Code	М	D	Y	Amount	
			0 3	2 3	0 9		20.00

Page Total \$ 1,270.00

^{*} 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)]