

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Brett Sciotto												
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 0 3		D 1 6		Y 0 9		Amount 250.00
Full Name of Contributor Tracy Bradford						Registration Number, if PAC						
Street Address 5433 Tinsbury Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43235		M 0 3		D 1 6		Y 0 9		Amount 100.00
Full Name of Contributor Chuck Buck						Registration Number, if PAC						
Street Address 4814 Canterwood Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Hilliard		State O H		Zip Code 43026		M 0 3		D 1 6		Y 0 9		Amount 250.00
Full Name of Contributor Larry Earman						Registration Number, if PAC						
Street Address 4369 Shire Creek Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Hilliard		State O H		Zip Code 43026		M 0 3		D 1 6		Y 0 9		Amount 250.00
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 0 3		D 1 6		Y 0 9		Amount 100.00
Full Name of Contributor Glen Dugger						Registration Number, if PAC						
Street Address 37 West Broad Street			Employer/Occupation/Labor Organization* Smith & Hale Attorneys				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 1 7		Y 0 9		Amount 50.00
Full Name of Contributor Erin Mayne						Registration Number, if PAC						
Street Address 3220 Scioto Run Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Hilliard		State O H		Zip Code 43026		M 0 3		D 2 3		Y 0 9		Amount 250.00
Full Name of Contributor contribution under \$25.00 disclosure limit						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City		State		Zip Code		M 0 3		D 2 3		Y 0 9		Amount 20.00

* 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 \$ 1,270.00