

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				*****************				
Name of Committee in Full Citizens for Brett Sciotto								
Full Name of Contributor			Dagigtus	· · N.	1			
Brett Febus			Registration Number, if PAC					
Street Address	TEmployer/Occur	pation/Labor Organization*				Ir (Cools Clos		
	Employer/Occup)ation/Labor Organization				Form (Cash, Che		
4060 Wayne Street	State	Total Carte	1 37	T =	T 77		ontribtui	
Hilliard	State O H	Zip Code 43026	M	D	Y	Amount	F00 00	
Full Name of Contributor		±3UZ0	1 0				500.00	
Rick Farmer			Kegisua	tion inuit	ber, if PA	.C		
Street Address	Employar/Osays	Tales Oscarization*				- (O-1) O1	- Company of the Comp	
3108 N Timber Avenue	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) Online contributi		
City S108 IN 11mber Avenue	State	17: . 0. 4-	1 34	1 7	1 17	<u> </u>	ontributi	
g -	State K	Zip Code	M	D	Y	Amount	^= ^^	
Bethany Full Name of Contributor	O K	73008		0 6			25.00	
			Registra	tion Num	ber, if PA	.C		
Jackie Sciotto Street Address	Ir 1/0				***************************************			
	Employer/Occup	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4724 Trademark Trail		1 A V		1		check	·····	
City	State	Zip Code	M	D	Y	Amount	*** ^ ^ ^	
Hilliard	O H	43026	1 0	and the second second second second			250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Kathleen Uttley	<u> </u>							
Street Address	Employer/Occup	pation/Labor Organization*			_	Form (Cash, Che	ck, etc.)	
4177 Stoneroot Drive					check			
City	State	Zip Code	М	D	Y	Amount		
Hilliard	lo H	43026		0 7			50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Kirk Herath								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
3381 Anchorage Lane						check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	O H	43026	1 0	0 7	0 9		150.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Jennifer Imes						200000000000000000000000000000000000000		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	:ck, etc.)	
1730 King Avenue, Apt D						check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43212	10	0 7	0 9		50.00	
Full Name of Contributor					ber, if PA			
Jay Muether			ESSAUGUE ES					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		in a construction of the c		Form (Cash, Che	ck, etc.)	
3434 Heritage Oaks Drive						check		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	OH	43026	1 0	1 3	0 9		25.00	
Full Name of Contributor					ber, if PA	С	And the American	
John Vertal								
Street Address	Employer/Occup	ation/Labor Organization*	<u></u>	27.000(000000000000000000000000000000000		Form (Cash, Che	ck, etc.)	
5492 Brixston Court		•				check		
City	State	Zip Code	М	D	Y	Amount	***************************************	
Hilliard	OH	43026	1 0	1 3	0 9		25.00	

Page Total \$ 1,075.00	
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^{*} 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)]