

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 Janet Hale						Registration Number, if PAC			
Street Address 6637 Merwin Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43235		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