

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

				in the second	22010000000000000000000000000000000000	A Martin Commence of the Comme	
Name of Committee in Full							
Citizens for Brett Sciotto				ang a mana pang ang ang panana	encineary and an incident	annonaming may kankonaminah od kopolinog kipapi (papi (papi kapa pinyanan pipaninan pinanan papi pahanan no	
Full Name of Contributor			Registration Number, if PAC				
Charles Schneider							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
4492 Shire Mill Road						check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OH	43026	10	1 3	0 9	35.00	
Full Name of Contributor				tion Num			
Gregory Otey							
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)	
5118 Canterbury Drive						check	
City	State	Zip Code	M	D	Y	Amount	
Powell	OH	43065	1 0			25.00	
FOWEII Full Name of Contributor					ber, if PA		
run ivaine of Contitution			Wegish;	addii indiil	ou, n rA		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			on intermediate of the property of the	Form (Cash, Check, etc.)	
offeet / Mariess	Employen Occup				(,,,,		
City	State	Zip Code	Тм	ΙD	Y	Amount	
City	State	L.p Code	1 1 1 1		lî		
E. Il Nama of Contributor			Ragistry	tion Num	her if DA	L C	
Full Name of Contributor				Registration Number, if PAC			
Cross Address	Emalavar/O-	notion/Labor Organization*				Form (Cash, Check, etc.)	
reet Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
		17: 0-3-	137	l r	1 37	A	
City	State	Zip Code	M	D	Y	Amount	
				<u> </u>			
Full Name of Contributor				Registration Number, if PAC			
				anagementary (characteristics)			
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
				7	1		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ation Num	ber, if PA	aC	
				(Online to the Online terms of the Online term	TO SHOW THE SAME OF THE SAME O	egyezaktornamistokies sanistikiele patenteen teesen teesen teesen teesen teesen teesen teesen teesen teesen te	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Num	ber, if PA	C.	
Street Address Employer/Occupation/Labor Organization*				ALLE ARTHUR AND SELECTION OF THE SELECTI		Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor		-1	Registr	ation Nur	ber, if PA	Š.C	
Street Address	ress Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
	' '					ESCLEROSEES.	
City	State	Zip Code	M	D	Y	Amount	
	1	1					
9	1	i .	1	1	1	8	

Page Total \$ 60.00

<sup>\*</sup> 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)]