

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Brett Sciotto							
Full Name of Contributor Frank Petruziello					Registration Number, if PAC		
Street Address 4270 Morse Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43230	M 0	D 7	Y 2	Amount 100.00	
Full Name of Contributor Ted Berry for Grove City Council					Registration Number, if PAC		
Street Address 3311 Summer Glen Drive		Employer/Occupation/Labor Organization* city council member			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 2	Amount 150.00	
Full Name of Contributor Christopher Lewie					Registration Number, if PAC		
Street Address 5377 Edie Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0	D 9	Y 2	Amount 75.00	
Full Name of Contributor Mary Wayman					Registration Number, if PAC		
Street Address 3752 Dayspring Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Dr. Daniel Rankin					Registration Number, if PAC		
Street Address 5515 Scioto Darby Road		Employer/Occupation/Labor Organization* dentist			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0	D 9	Y 2	Amount 150.00	
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	D 9	Y 2	Amount 100.00	
Full Name of Contributor Daniel O'Brien					Registration Number, if PAC		
Street Address 1173 McCleary Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43235	M 1	D 0	Y 0	Amount 250.00	
Full Name of Contributor Kim Toth					Registration Number, if PAC		
Street Address 4354 Heather Ridge Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 0	Amount 75.00	

* 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 \$ **950.00**