Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

			TO DAY THE PROPERTY OF THE PARTY OF THE PART	NO SOURCE CONTRACTOR OF THE SOURCE CONTRACTOR				
Name of Committee in Full								
Citizens for Brett Sciotto		gamanahan garan sasan sasa	om.					
ll Name of Contributor			Registration Number, if PAC					
Brett Febus					Market and a second	With the contract of the contr		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4060 Wayne Street					check			
City	State	Zip Code	M	D	Y	Amount	***************************************	
Hilliard	OH	43026	0 3	0 2	0 9		500.00	
Full Name of Contributor				tion Numl	CONTRACTOR CONTRACTOR CONTRACTOR	С		
Mary Wayman								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
3752 Dayspring Drive						Check		
City	State	Zip Code	М	D	Y	Amount	-	
Hilliard	ОН	43026	03	0 3	0 9		50.00	
Full Name of Contributor	Registratio			STATE OF THE PERSON NAMED IN COLUMN TWO	CERTACO DESCADA MARTINA A	and the second and th		
Greg Barwell					1		,	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck etc.)	
41 S High Street, Suite 1275						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОН	43215	į.	0 6	1		100.00	
Full Name of Contributor		E./2. L.		tion Num			00.001	
Phyllis Ernst			Registra	tion runn	oci, ii i A	.0		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Coch Cl	anale ota)	
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
4643 Schirtzinger Road	State	Zip Code	М	T 5	Y	Check		
Hilliard				D	1 4	Amount	105.00	
FIIIIAFQ Full Name of Contributor	IOH	43026		0 6			125.00	
			Registra	tion Num	ber, ii PA	.C		
Frank Ciotola	- In 1 (a			en (a varia variation in consumer)				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
4225 Greensview Drive			····	·		Check		
City	State	Zip Code	M	D	Y	Amount	400.00	
Columbus	O H	43220	0 3		0 9		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Committee for Dewey Stokes						Signatura de la composição		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
750 Willow Bend Lane				19********		Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	0 H	43204	0 3	1 1	0 9		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Jean Junk				****************	00000000000000000000000000000000000000			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
3722 East Links Circle						check		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	O H	43026	0 3	1 1	0 9		125.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Donald Falcoski								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
5971 Olentangy River Road						check		
City	State	Zip Code	М	D	Y	Amount		
Worthington	OH	43085	0 3	1 1	0 9		35.00	

Page Total \$	1,135.00

^{*} 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)]