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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						W/// (100 puls 100 pu		
Citizens for Brett Sciotto								
Full Name of Contributor			Davistrat	ion Numt	or if DA	C		
			Kegistiat	ion rum	ei, ii r A	C		
Kelly Godshall	n 1 /0					E (C 1 C	1	
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Ch	ieck, etc.)	
4608 Tuttle Road						check		
City	State	Zip Code	M	D	Y	Amount	40000	
Dublin	OH	43017	1 0	2 4	0 9		100.00	
Full Name of Contributor			Registrat	ion Numb	per, if PA	С		
Committee for Jim Hughes				A VANCOUNT OF THE PARTY OF THE				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
52 E. Gay Street						check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43215	1 0	2 4	0 9		150.00	
Full Name of Contributor				ion Numl	oer, if PA	С		
Erin Mayne								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
3220 Scioto Run Blvd		ū				check		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	OH	43026	1 0		0 9		250.00	
Full Name of Contributor			and the second s	ion Numl	teratera de la constitución de l		2.00.00	
8 online contributions of \$25.00			Registra	HOH INGHE	)CI, II I A	.c		
	F1/O	-ti//XOtiX				Form (Cook Cl		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
						<del></del>	contributi	
City	State	Zip Code	M	D	Y	Amount	200 00	
			1 0	2 6			200.00	
Full Name of Contributor			Registra	tion Numl	per, if PA	.C		
Anne Weiant								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
3636 Cemetery Road						online (	contributi	
City	State	Zip Code	М	D	Y	Amount		
Hilliard	OH	43026	1 0	2 6	0 9		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Drew Hall								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
1691 W Par Court					online contributi			
City	State	Zip Code	М	D	Y	Amount	COLLUIDAG	
Eagle	TD	1 -	ı	2 6			100.00	
Full Name of Contributor		1 00010		tion Num			100.00	
			Rogistia	11011 3 461111	001, 11 1 7 1	.0		
Doug Kennedy	Elever/Occur	ation/Labou Opponization8				Form (Coch Cl	hook ata)	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
155 East Broad Street - 12th Floor			1 37	1		check		
City	State	Zip Code	M	D	Y	Amount	400.00	
Columbus	OH	43215	1 0	A CONTRACTOR OF THE PARTY OF TH	Acres (Constitution of the Constitution of the		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	кC		
Charlie Smith	Charlie Smith							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
155 East Broad Street - 12th Floor				check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43215	1 0	2 7	0 9	000000000000000000000000000000000000000	100.00	

Page Total \$	1,050.00
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<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)]