

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Brett Sciotto							
Full Name of Contributor Pete Kostoff					Registration Number, if PAC		
Street Address 155 East Broad - 12th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Dan Hilson					Registration Number, if PAC		
Street Address 155 East Broad - 12th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Kevin Osterkamp					Registration Number, if PAC		
Street Address 155 East Broad - 12th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O h	Zip Code 43215	M 1 0	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Realtors PAC					Registration Number, if PAC CP401		
Street Address 200 East Town Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 7	Y 0 9	Amount 1,000.00	
Full Name of Contributor Daniel Fickel					Registration Number, if PAC		
Street Address 11530 SW 83 Terr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) online contribution		
City Miami	State F L	Zip Code 33173	M 1 1	D 1 5	Y 0 9	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ 1,550.00