31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for Brett Sciotto									
Full Name of Contributor							Registration Number, if PAC		
Joanna Smith									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
602 W Deming Place #2								online contributi	
City	State	Zip Code	M	D	Y			Amount	
Chicago	I L	60614	1 0	2 6	0 9			25.00	
Full Name of Contributor							Registration Number, if PAC		
Elizabeth Killian									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
930 Robertson Academy Road								online contributi	
City	State	Zip Code	M	D	Y			Amount	
Nashville	T N	37220	1 0	2 6	0 9			25.00	
Full Name of Contributor							Registration Number, if PAC		
Matt Sexton									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
6287 Tara Hill Drive								online contributi	
City	State	Zip Code	M	D	Y			Amount	
Dublin	O H	43017	1 0	2 6	0 9			25.00	
Full Name of Contributor							Registration Number, if PAC		
Katarzyna Turowska									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
378 Coachman Dr Apt 3D								online contributi	
City	State	Zip Code	M	D	Y			Amount	
Troy	M I	48071	1 0	2 6	0 9			25.00	
Full Name of Contributor							Registration Number, if PAC		
Jody Orsine									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
5534 Firehole Falls Street								online contributi	
City	State	Zip Code	M	D	Y			Amount	
Dublin	O H	43016	1 0	2 6	0 9			25.00	
Full Name of Contributor							Registration Number, if PAC		
Erin Mayne									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
3220 Scioto Run Blvd.								online contributi	
City	State	Zip Code	M	D	Y			Amount	
Hilliard	O H	43026	1 0	2 6	0 9			25.00	
Full Name of Contributor							Registration Number, if PAC		
Ian Miller									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
25341 E. Glasgow Place								online contributi	
City	State	Zip Code	M	D	Y			Amount	
Aurora	C O	80016	1 1	1 5	0 9			25.00	
Full Name of Contributor							Registration Number, if PAC		
Roderick Castillo									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
204 Keyes Avenue								online contributi	
City	State	Zip Code	M	D	Y			Amount	
Watertown	N Y	13601	1 1	1 5	0 9			25.00	

* 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 $ 200.00