Page	3	
1. age		

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	-	*					
Name of Committee in Full							
Citizens for Brett Sciotto							
Full Name of Contributor			Registra	tion Numl	ber, if PA	С	
Kelly Godshall							
Street Address	Employer/Occup	ation/Labor Organization*	- Lamenton			Form (Cash, Check, etc.)	
4608 Tuttle Road		·				check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	1 0	l .		100.00	
Full Name of Contributor		1 30017	The second secon	tion Num	CONTRACTOR OF THE PARTY OF THE	Brosen von von von der versche	
Committee for Jim Hughes			Kegistia	tion rum	001, 11 1 7 1		
	Employer/Occup	ation/Labor Organization*		Succession New York Commence of the Commence o	UNIVERSE DE L'ANNE ANTENNE	Form (Cash, Check, etc.)	
Street Address	Employer/Occup	ation/Labor Organization*				1	
52 E. Gay Street						check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	and the second s	2 4	A STATE OF THE PARTY OF THE PAR	150.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Erin Mayne							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
3220 Scioto Run Blvd						check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OH	43026	1 0	2 4	0 9	250.00	
Full Name of Contributor				tion Num		С	
8 deck de obstablistions 52 \$25.00							
Street Address	Employer/Occup	ation/Labor Organization*	E			Form (Cash, Check, etc.)	
		-				National Countries of	
City	State	Zip Code	М	D	Y	Amount	
50		1 .	3 8	2 8	6 9	300400	
Full Name of Contributor			Santan Santan Santan Santan Santan	tion Num	all and the last of the last o		
Anne Weiant			i togiotic			.0	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
	EmployenOccup	ation/Labor Organization				online contribut	
3636 Cemetery Road	Ctata	Zip Code	I M	D	Y	Amount	
City	State H	Į ·	M	1 .	l .		
Hilliard	OH	43026	1 0	ACAMANA PER SERVICIONA DE		50.00	
Full Name of Contributor Registration Number, if PAC							
Drew Hall							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1691 W Par Court				-ç		online contribut	
City	State	Zip Code	M	D	Ŷ	Amount	
Eagle	ΙD	83616	1 0	2 6	0 9	100.00	
Full Name of Contributor				tion Num			
Doug Kennedy							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
155 East Broad Street - 12th Floor						check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43215	1 0	2 7	0 9	100.00	
Full Name of Contributor				tion Num			
Charlie Smith						-	
Street Address	Employer/Occur	ation/Labor Organization*	<u> </u>	***************************************		Form (Cash, Check, etc.)	
1	Linployor/Occup	anom Eagor Organization					
155 East Broad Street - 12th Floor	Ctata	T7in Code	1 3.7	D	ΙΥ	check Amount	
City	State	Zip Code	M	1	1		
Columbus	OH	43215	1110	2 7	0 9	100.00	

^{*} 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 \$