

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

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