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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name CO								
Name of Committee in Full								
Citizens for Brett Sciotto Full Name of Contributor			Daniston	ion None	har if DA	ſ		
Pete Kostoff		Registration Number, if PAC						
	Enviloyan/Ossuv	oation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occup				` ' ' '			
155 East Broad - 12th Floor	Chata	Zip Code	1 1/4	D	Y	check Amount		
City	State O H	43215	M	2 7	0 9	100.00		
Columbus Full Name of Contributor		43413	1 0		ber, if PA			
Dan Hilson			Registia	non num	bei, ii FA	C		
Street Address	Employar/Osau	nation/Labor Organization*				Form (Cash, Check, etc.)		
	Employer/Occup	Employer/Occupation/Labor Organization*			check			
155 East Broad - 12th Floor City	State	Zip Code	M	D	Y	Amount		
	OH	43215		2 7	0 9	100.00		
Columbus Full Name of Contributor		40210			ber, if PA			
Kevin Osterkamp			Registra	HOH INGH	oci, ii i ri	C		
Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)		
155 East Broad - 12th Floor	Employen Geetly	Employer/Occupation/Labor Organization*				check		
City	State	Zip Code	M	D	ΙΥ	Amount		
Columbus	Oh	43215		2 7		100.00		
Full Name of Contributor		TOZIO				<u> </u>		
Realtors PAC	Registration Number, if PA ${ m CP401}$							
Street Address	Employer/Occur	pation/Labor Organization*		10 I		Form (Cash, Check, etc.)		
200 East Town Street	Employer seeing	, and a second a seco				check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43215	1	2 7		1,000.00		
Full Name of Contributor		10 22 1 0			ber, if PA			
Daniel Fickel					,			
Street Address	Employer/Occup	pation/Labor Organization*			erenensisten prosessione	Form (Cash, Check, etc.)		
11530 SW 83 Terr.						online contributi		
City	State	Zip Code	М	D	Y	Amount		
Miami	FL	33173	111	1 5	0 9	250.00		
Full Name of Contributor					ber, if PA	<u> </u>		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
risconda								
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion Nun	ber, if PA	.C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			A					

<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)]