

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			entre de montre en angele en expressión.				
Citizens for Brett Sciotto							
Full Name of Contributor			Registration Number, if PAC				
Charles Lindauer							
Street Address	Employer/Occupa	ntion/Labor Organization*	S		2 min rossus anna annua annua annua a	Form (Cash, Check, etc.)	
201 E Main Street Suite 0					Check		
City	State	Zip Code	М	D	Y	Amount	
Charlottesville	VA	22902	0 4	1 3	0 9	125.00	
Full Name of Contributor Registration Number, if Pa						С	
Contributions from Fundraising event - Form 31-E							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			0 3	1 9	0 9	275.00	
Full Name of Contributor	Registration Numb				ber, if PA	С	
Jackie Sciotto							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4724 Trademark Lane						online donation	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	0 4			A STANDARD TO COMPANY DE STANDARD DE SERVICIO DE SERVICIO DE LA COMPANY	
Full Name of Contributor Registration Number, i					ber, if PA	.C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
				<u> </u>			
Full Name of Contributor Registration Number, if PAC						AC .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
					NATION CONTROL OF THE PROPERTY		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PA						AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
					-11.11		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	Registration Number, if PA					AC	
eet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
	1		Ì				
Full Name of Contributor Registration Number, if PA						AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
01101 1341033						(,,,	
City	State	Zip Code	М	D	Y	Amount	
(A)							
	1	1				1	

Page Total \$ 900.00

<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)]