

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full Citizens for Brett Sciotto | | | | | | | |
| Full Name of Contributor Kelly Godshall | | | | | Registration Number, if PAC | | |
| Street Address 4608 Tuttle Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Dublin | State O H | Zip Code 43017 | M 1 0 | D 2 4 | Y 0 9 | Amount 100.00 | |
| Full Name of Contributor Committee for Jim Hughes | | | | | Registration Number, if PAC | | |
| Street Address 52 E. Gay Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43215 | M 1 0 | D 2 4 | Y 0 9 | Amount 150.00 | |
| Full Name of Contributor Erin Mayne | | | | | Registration Number, if PAC | | |
| Street Address 3220 Scioto Run Blvd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Hilliard | State O H | Zip Code 43026 | M 1 0 | D 2 4 | Y 0 9 | Amount 250.00 | |
| Full Name of Contributor 8 online contributions of \$25.00 | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) online contributi | | |
| City | State | Zip Code | M 1 0 | D 2 6 | Y 0 9 | Amount 200.00 | |
| Full Name of Contributor Anne Weiant | | | | | Registration Number, if PAC | | |
| Street Address 3636 Cemetery Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) online contributi | | |
| City Hilliard | State O H | Zip Code 43026 | M 1 0 | D 2 6 | Y 0 9 | Amount 50.00 | |
| Full Name of Contributor Drew Hall | | | | | Registration Number, if PAC | | |
| Street Address 1691 W Par Court | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) online contributi | | |
| City Eagle | State I D | Zip Code 83616 | M 1 0 | D 2 6 | Y 0 9 | Amount 100.00 | |
| Full Name of Contributor Doug Kennedy | | | | | Registration Number, if PAC | | |
| Street Address 155 East Broad Street - 12th Floor | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43215 | M 1 0 | D 2 7 | Y 0 9 | Amount 100.00 | |
| Full Name of Contributor Charlie Smith | | | | | Registration Number, if PAC | | |
| Street Address 155 East Broad Street - 12th Floor | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43215 | M 1 0 | D 2 7 | Y 0 9 | Amount 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)]