

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Stonewall Democrats of Central Ohio						Registration Number, if PAC	
Street Address 340 E Fulton St		Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 0	Amount 250.00	
Full Name of Contributor Amanda L Sims						Registration Number, if PAC	
Street Address 164 Nurserv Ln		Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43206	M 0	D 9	Y 0	Amount 25.00	
Full Name of Contributor Benjamin Lynn						Registration Number, if PAC	
Street Address 7150 Seaman Rd		Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Oregon	State O H	Zip Code 43616	M 0	D 9	Y 0	Amount 25.00	
Full Name of Contributor Columbus Sheet Metal Workers Committee on Political Education						Registration Number, if PAC OH1053	
Street Address 3035 Lamb Ave		Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 0	D 9	Y 0	Amount 150.00	
Full Name of Contributor Kristy Pagan Leadership						Registration Number, if PAC	
Street Address PO Box 871881		Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Canton	State M I	Zip Code 48187	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor Erin M Gibbons						Registration Number, if PAC	
Street Address 866 W Rich St		Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43222	M 0	D 9	Y 0	Amount 25.00	
Full Name of Contributor Daniel L Satterthwaite						Registration Number, if PAC	
Street Address 1291 Broadview Ave		Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 0	Amount 25.00	
Full Name of Contributor Madeleine Lomax-Vogt						Registration Number, if PAC	
Street Address 42 County Rd 65		Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Ada	State O H	Zip Code 45810	M 0	D 9	Y 0	Amount 25.00	

* 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 \$ 625.00