31-A R.C. 3517.10 ORIGINAL

Page <u>1</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Mary Burcham Full Name of Contributor			In :				
			Kegistra	tion Num	ber, if PA	C	
Ron Stake	In 1 20	3.41.0					
Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)	
7660 Rodebaugh Road	<u> </u>					check	
City	State	Zip Code	M	D	Y	Amount	
Revnoldsburg	Ohio	43068	01	017	0 8	25.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Jim Blackburn							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1859 Berksline Road						cash	
City	State	Zip Code	М	D	Y	Amount	
Columbus	Ohio]	43221	111	3 0	0 7	50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Enginers for Responsible Government							
Street Address				Form (Cash, Check, etc.)			
						check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	Ohio!		1111	310	017	50.00	
Full Name of Contributor	101110						
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
5444.164435		and the second second				Tom (Oute, Check, Cit.)	
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor Registration Number, if PAC							
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City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor Registration Number, if PAC							
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City	State	Zip Code	M	D	Y	Amount	
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* 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 S	125.00