

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Burris For Trustee				
Full Name of Contributor Maria McGraw	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 2579 Scott Ct.	Description of Item or Service Postage	M 1	D 0	Fair Market Value 8.40
City Grove City	State OH Zip Code 43123	Y 0	Y 9	Received at Fundraising Event? YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code	Y	Y	Received at Fundraising Event? YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code	Y	Y	Received at Fundraising Event? YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code	Y	Y	Received at Fundraising Event? YES NO
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Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code	Y	Y	Received at Fundraising Event? YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State Zip Code	Y	Y	Received at Fundraising Event? YES NO

* 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)]