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1 age	NAME OF THE PARTY

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Burris For Trustree			Colonia National Constitution						
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Maria McGraw						g-100			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
2579 Scott Ct.		Postage		2 6	0 9		8.40		
City	State	Zip Code	Received	l at Fundr	aising Ev	ent?			
Grove City		43123		YES		NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	are considerate and the co		
City	State	Zip Code	Received	d at Fundi YES	raising Ev	vent? NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * Registration Number, if PAC			ÄĊ				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		d at Fund YES		ЙО			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	vent? NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	lraising E	ivent? NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Received at Fundraising Event? YES NO						
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	ed at Fund YES	draising I	Event? NO			

Page Total \$	8.40
	Communication Co

^{*} 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)]