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Statement of Contributions Received

Prescribed by Secretary of State 3'05

Name of Committee in Full	<u> </u>					· · · · · · · · · · · · · · · · · · ·
Citizens for Burriss						
Full Name of Contributor		- 	Registra	tion Nur	ber, if PA	C
Garrison Carr						
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
3047 Ruhl Ave						Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43209	0 5	1 8	1 7	50.00
Full Name of Contributor		<u></u>			ber, if PA	
Andrew Lendvay						
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
8671 Usher						Credit Card
City	State	Zip Code	M	D	Y	Amount
Olmstead Falls	OH	44138	0 5	1 8	1 7	125.00
Full Name of Contributor					ber, if PA	C
Scott Stockman						
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
221 S Sylvan Ave						Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43204	0 5	1 9	1 7	50.00
Full Name of Contributor			Registra	ition Nun	ber, if PA	.C
Heather Whaling						
Street Address	Employer Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
190 Berger Ally						Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	O H	43206	0 5	2 2	1 7	100.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	.C
Aftab Pureval						
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
3545 Holly Ave						Credit Card
City	State	Zip Code	М	D	Y	Amount
Cincinnati	O H	45208		3 0		250.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	.C
Jessie Bradnan						
Street Address				Form (Cash, Check, etc.)		
38 Middleton Dr						Credit Card
City	State	Zip Code	M	D	Y	Amount
Painesville	O H	44077			1 7	
Full Name of Contributor			Registra	ition Nun	iber, if PA	.C
Kate Hathaway		<u>-</u> <u>-</u>				
Street Address	Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)		
415 E 54th St, Apt 25C				,	,	Credit Card
City	State	Zip Code	M	D	Y	Amount
New York	N Y	10022	0 6			250.00
Full Name of Contributor Registration Number, if PAC						
Anne Donovan						
Street Address Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1538 W Thorndale Ave, Unit 1					T	Credit Card
City	State	Zip Code	M	D	Y _	Amount
Chicago		60660	0 6	0 8	1 7	_25.00

Page Total \$	1,100.00

^{*} 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)]