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Statement of Contributions Received

Prescribed by Secretary of State 3 05

Citizens for Burriss Full Name of Combator Melanic Klein Store Address Graphorer Occupation Labor Organization* Store Address Sange of Combator Was and Combator Christopher Farrar Store Address Again Combator Was and Combator Columbus O H 43220 O H 43220 I 0 I 1 0 I 7 7 50.00 Registration Number, if PAC Four (Cash, Check, etc.) Credit Card Credit Card	Name of Granding in Fall								
Family Name of Commbutor Melanic Klein Street Address Street Addre	Name of Committee in Full								
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Full Name of Contributor Christopher Farrar Street Address 4512 Crompton Dr State					- 1		Amount	25.00	
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Employer Occupation Labor Organization*				Registratio	on Nume	jei, ii PA	C		
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State Zip Code M D Y Amount		Employer Occupation/Labor Organization*				· ·			
Columbus		Carac	7:- 0 - 1-	- T34 T	- D	V		<u>_aru</u>	
Full Name of Contributor Alicia Adkins Storet Address Employer Occupation Labor Organization* Storet Address Storet Address Employer Occupation Labor Organization* Form (Cash, Check, etc.) Credit Card C			1 '	1 1			Amount	E0.00	
Alicia Adkins									
State Address Employer Occupation/Labor Organization* State Zip Code M D Y Amount				Registrati	OH INUHE	oci, n rA	C		
State Zip Code M N 55369 N N D Y Amount		r	-ti/1 -h Oiti*				Form (Cash, Ch	and ata)	
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Maple Grove		- Control	7:- 0-4:	1 2 1	n	V		<u>_aru</u>	
Registration Name of Contributor Name of Contributor Name of Contributor Street Address Employer Occupation*Labor Organization* State Zip Code M D Y Amount			· ·		Į.		Amount	2= 00	
Nancy Elliot Street Address State Zip Code M D Y Amount			55369		-			25.00	
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Columbus Columbus Contributor Registration Number If PAC		- State	IZin Codo	I M I	D]	v		<u>caru</u>	
Full Name of Contributor Mary Beth Smith	1 · ·		1 '		,		Amount	25.00	
Mary Beth Smith Street Address Employer Occupation*Labor Organization* State Zip Code Manual Discussion* State Zip Code Manual Discussion* Discuss		10 11	45221					25.00	
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Columbus		State	Zin Code	I M I	D 1	v		<u>caru</u>	
Full Name of Contributor Carol Manley			· ·				, unount	25.00	
Carol Manley Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card		10 11	43221				<u> </u>	25.00	
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Columbus		State	Zip Code	T M T	D	Y		<u>cara</u>	
Registration Number, if PAC	•		1 '			l '	ì	100.00	
Patricia Phipps Employer Occupation/Labor Organization* Form (Cash, Check, etc.)			10221					100.00	
Street Address Employer Occupation* State Zip Code M D Y Amount									
State Zip Code M D Y Amount		Employer Occur	nation/Labor Organization*		-		Form (Cash, Cl	neck, etc.)	
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Crown City O H 45623 1 0 1 7 1 7 250.00 Full Name of Contributor Registration Number, if PAC Amanda Hicks Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) 2560 Westmont Blvd Credit Card City State Zip Code M D Y Amount		State	Zip Code	M	D	Y		cara	
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	 	State	Zip Code	M	D	Y			
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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	 550.00