

Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss									
Full Name of Contributor Melanie Klein						Registration Number, if PAC			
Street Address 369 Tappan St, Apt 13				Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Brookline		State M A		Zip Code 02445		M 1 0		D 1 6	
						Y 1 7		Amount 25.00	
Full Name of Contributor Christopher Farrar						Registration Number, if PAC			
Street Address 4512 Crompton Dr				Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H		Zip Code 43220		M 1 0		D 1 6	
						Y 1 7		Amount 50.00	
Full Name of Contributor Alicia Adkins						Registration Number, if PAC			
Street Address 8238 Jonquil Ln N				Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Maple Grove		State M N		Zip Code 55369		M 1 0		D 1 7	
						Y 1 7		Amount 25.00	
Full Name of Contributor Nancy Elliot						Registration Number, if PAC			
Street Address 3170 Ainwick Rd				Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H		Zip Code 43221		M 1 0		D 1 7	
						Y 1 7		Amount 25.00	
Full Name of Contributor Mary Beth Smith						Registration Number, if PAC			
Street Address 2041 Westover Rd				Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H		Zip Code 43221		M 1 0		D 1 7	
						Y 1 7		Amount 25.00	
Full Name of Contributor Carol Manley						Registration Number, if PAC			
Street Address 2700 Crafton Park				Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H		Zip Code 43221		M 1 0		D 1 7	
						Y 1 7		Amount 100.00	
Full Name of Contributor Patricia Phipps						Registration Number, if PAC			
Street Address 322 Township Rd 1353				Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Crown City		State O H		Zip Code 45623		M 1 0		D 1 7	
						Y 1 7		Amount 250.00	
Full Name of Contributor Amanda Hicks						Registration Number, if PAC			
Street Address 2560 Westmont Blvd				Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H		Zip Code 43221		M 1 0		D 1 8	
						Y 1 7		Amount 50.00	

* 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)]

Page Total \$ 550.00