

Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss									
Full Name of Contributor Jacob Manser						Registration Number, if PAC			
Street Address 95 S Monroe Ave			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H		Zip Code 43205		M 0		D 9	
						Y 0		Amount 150.00	
Full Name of Contributor Morena Rugg						Registration Number, if PAC			
Street Address 2669 Charing Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Upper Arlington		State O H		Zip Code 43221		M 0		D 9	
						Y 0		Amount 25.00	
Full Name of Contributor Megan Kirch						Registration Number, if PAC			
Street Address 2332 Eastleft Dr			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Upper Arlington		State O H		Zip Code 43221		M 0		D 9	
						Y 0		Amount 25.00	
Full Name of Contributor Chase McConnell						Registration Number, if PAC			
Street Address 504 Fairford Ct			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville		State O H		Zip Code 43081		M 0		D 9	
						Y 1		Amount 25.00	
Full Name of Contributor Christine Minx						Registration Number, if PAC			
Street Address 3752 Stoneway Pt			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Powell		State O H		Zip Code 43065		M 0		D 9	
						Y 1		Amount 25.00	
Full Name of Contributor Molly Youngstown Hagkull						Registration Number, if PAC			
Street Address 1735 Doone Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H		Zip Code 43221		M 0		D 9	
						Y 1		Amount 25.00	
Full Name of Contributor Benjamin Freiman						Registration Number, if PAC			
Street Address 3245 Darby Glen Blvd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Hilliard		State O H		Zip Code 43026		M 0		D 9	
						Y 1		Amount 250.00	
Full Name of Contributor Kevin Balash						Registration Number, if PAC			
Street Address 500 Avenue G, Apt 25			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Redondo Beach		State C A		Zip Code 90277		M 0		D 9	
						Y 1		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 \$ 575.00