

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Carol Lee Mohr					Registration Number, if PAC		
Street Address 2567 Westmont Blvd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 5	Y 2 2 1 7	Amount 125.00	
Full Name of Contributor Michael Sexton					Registration Number, if PAC		
Street Address 984 Highland St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 5	Y 2 2 1 7	Amount 100.00	
Full Name of Contributor Daniel J O'Connor					Registration Number, if PAC		
Street Address 1637 Berkshire Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 5	Y 2 2 1 7	Amount 200.00	
Full Name of Contributor Carole A Lunney					Registration Number, if PAC		
Street Address 2673 Vassar Pl		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 5	Y 2 2 1 7	Amount 250.00	
Full Name of Contributor Jennifer House					Registration Number, if PAC		
Street Address 245 E 2nd Ave, Unit 219		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 5	Y 2 2 1 7	Amount 50.00	
Full Name of Contributor Margaret M Nevrekar					Registration Number, if PAC		
Street Address 79 Dakota		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 0	D 5	Y 2 2 1 7	Amount 50.00	
Full Name of Contributor Zachary Scott Gwin					Registration Number, if PAC		
Street Address 79 Dakota		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 0	D 5	Y 2 2 1 7	Amount 50.00	
Full Name of Contributor JoAnn Prater					Registration Number, if PAC		
Street Address 2000 Malvern Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 5	Y 2 2 1 7	Amount 250.00	

* 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)]