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Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full								
Citizens for Burriss						**		
Full Name of Contributor			Registra	tion Num	ber, if PA	ı.C		
Margaret M Medwid								
Street Address	Employer Occu	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2720 Brandon Rd						Check		
City	State	Zip Code	М	D	Y	Amount	•	
Columbus	ОН	43221	1 0		1 7		<u>2</u> 5.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	.C		
Barbara E Emery								
Street Address	Employer Occu	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1991 Suffolk Rd, Unit 1					T	Check		
City	State	Zip Code	M	D	Y _	Amount		
Columbus	ОН	43221	1 0		1 7		50.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	.C		
Robert J Long	- In					n		
Street Address	Employer Occu	pation/Labor Organization*					Form (Cash, Check, etc.)	
1625 Barrington Rd		T		1 -	T	Check		
City	State	Zip Code	M	D	Y	Amount	5 0.00	
Columbus	O H	43221	1 0				50.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	iC .		
Sara R McKinley	Ir 1 10					E (C. 1 Ct	14- X	
Street Address	Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)				
3011 Oldham Rd	- Communication of the communi	7: 0.1		1 5	T v	Check		
Columbus	State H	Zip Code	M	D	Y 7	Amount	E0.00	
Columbus Full Name of Contributor	I O H	43221		1 6	1 7 ber, if PA	C	50.00	
			Registra	IIION INUIN	idei, ii FA			
Cynthia K Gildersleeve Street Address	Employer Occupation/Labor Organization*					Form (Cash, Ch	eck etc.)	
2695 Bristol Rd	Employer occu	pation Labor Organization					Form (Cash, Check, etc.) Check	
2093 Bristor Rd City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	1	1^{m} 0	1	1 7	7 inoun	50.00	
Full Name of Contributor	0 11	40221			ber, if PA	<u>.</u>	50.00	
Elizabeth P O'Brochta			. Cgisaa	ition rum				
Street Address	Employer Occupation/Labor Organization*		_				Form (Cash, Check, etc.)	
2217 Arlington Ave	ļ , , , , , , , , , , , , , , , , , , ,	F				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН		11.0	1 6	1 7		50.00	
Full Name of Contributor					ber, if PA			
Maureen P Casamassimo								
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
2281 Fairfax Rd							Check	
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОН	43221	1 0	1 6	1 7		100.00	
Full Name of Contributor	<u> </u>	•	Registra	ition Num	ber, if PA	C.		
Franklin County Young Democ	rats PAC							
Street Address	Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)				
340 E Fulton St				Check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43215	1 0	1 6	1 7		150.00	
						a -		

Page Total \$ 525.00

^{*} 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)]