

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Burris for Trustee													
Full Name of Contributor Constance Emerson						Registration Number, if PAC							
Street Address 275 Electric Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43081		M 0 8		D 2 6		Y 0 9		Amount 100.00	
Full Name of Contributor Glen Basler						Registration Number, if PAC							
Street Address 1120 White Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State O H		Zip Code 43123		M 0 8		D 2 0		Y 0 9		Amount 100.00	
Full Name of Contributor G. Scott McComb						Registration Number, if PAC							
Street Address 230 Barnhill Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Gahanna		State O H		Zip Code 43230		M 0 8		D 1 8		Y 0 9		Amount 100.00	
Full Name of Contributor Larry Corbin						Registration Number, if PAC							
Street Address 4460 Hoover Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State O H		Zip Code 43123		M 0 8		D 3 1		Y 0 9		Amount 200.00	
Full Name of Contributor William Ferguson						Registration Number, if PAC							
Street Address 2371 Quail Meadow Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State O H		Zip Code 43123		M 0 8		D 3 0		Y 0 9		Amount 25.00	
Full Name of Contributor Arthur Susi, Jr.						Registration Number, if PAC							
Street Address 4438 Hickory Wodd Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43123		M 0 9		D 0 1		Y 0 9		Amount 50.00	
Full Name of Contributor Gerald Brownfield						Registration Number, if PAC							
Street Address 3862 Larchmere Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State O H		Zip Code 43123		M 0 8		D 2 3		Y 0 9		Amount 50.00	
Full Name of Contributor Teresa Lucas						Registration Number, if PAC							
Street Address 4203 Casa Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State O H		Zip Code 43123		M 0 9		D 1 9		Y 0 9		Amount 20.00	

* 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 \$ **645.00**