Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Burgess, Davis, and Sodt for BO					,		
Full Name of Contributor				Registration Number, if PAC			
Brenda Ball			1				
Street Address 381 Olde English Dr	Employer/Occu	pation/Labor Organization			Form (Cash, Check, etc.) PAYPAL		
City Westerville	State OH	Zip Code 43082	1 0 C	D Y	Amount \$25.00		
Full Name of Contributor Steve Downing	· · · · · · · · · · · · · · · · · · ·		Registratio	on Number, if P	AC		
Street Address 5393 Blackhawk Forest Dr	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) PAYPAL		
City Westerville	State OH	Zip Code 43082	1 p c	D Y	Amount \$100.00		
Full Name of Contributor Hal Miller					Registration Number, if PAC		
Street Address 711 Linncrest Dr	Employer/Occu	pation/Labor Organization	_		Form (Cash, Check, etc.) PAYPAL		
City Westerville	State OH	Zip Code 43081	1 0	D Y 1 3	Amount \$10.00		
Full Name of Contributor Caroline Lahrmann Registration Number, if PAC							
Street Address 2359 Coventry Rd	Employer/Occu	pation/Labor Organization			Form (Cash, Check, etc.) PAYPAL		
City Columbus	Stake OH	Zip Code 43221	0 ^M 8 1	Di Y	Amount \$100.00		
Full Name of Contributor John Overley		•	Registratio	on Number, if P.	AC		
Street Address 20 Spring Hollow Lane	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Westerville	Stafte OH	Zip Code 43081	0 ^M 8	D 4 1 3	Amount \$20.00		
Full Name of Contributor William Page				Registration Number, if PAC			
Street Address 828 Wackeman Ct	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) PAYPAL		
City Westerville	Stalte OH	Zip Code 43081	1 D 1	D Y 3	Amount \$50.00		
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	Stalic OH	Zip Code	M	D Y	Amount		
Full Name of Contributor			Registratio	on Number, if Pa	AC .		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D Y	Amount		

Page Total \$305.00

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 also appear. [R.C. 3517.10(B)(4)]