

Statement of Contributions Received

Prescribed by Secretary of State 3 05

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|--|---------------------|---|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full Citizens for Burriss | | | | | | | |
| Full Name of Contributor Beth Liston | | | | | Registration Number, if PAC | | |
| Street Address 2193 Stratingham Dr | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Dublin | State O H | Zip Code 43016 | M 0 | D 6 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Mary Beth Cowardin | | | | | Registration Number, if PAC | | |
| Street Address 2729 Kent Rd | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43221 | M 0 | D 6 | Y 2 | Amount 100.00 | |
| Full Name of Contributor Nicolas Fortkamp | | | | | Registration Number, if PAC | | |
| Street Address 2398 Shrewsbury Rd | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Upper Arlington | State O H | Zip Code 43221 | M 0 | D 6 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Mark Kent | | | | | Registration Number, if PAC | | |
| Street Address 33905 Rosewood Trl | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Willoughby Hills | State O H | Zip Code 44094 | M 0 | D 6 | Y 2 | Amount 100.00 | |
| Full Name of Contributor Amanda Kanyok | | | | | Registration Number, if PAC | | |
| Street Address 7 Jonathan Ln | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Chelmsford | State M A | Zip Code 01824 | M 0 | D 6 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Justin Adkins | | | | | Registration Number, if PAC | | |
| Street Address 163 W Kanawha Ave | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State O H | Zip Code 43214 | M 0 | D 6 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Hilari Lipton | | | | | Registration Number, if PAC | | |
| Street Address 3802 Juan Aldama Ct | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Rio Rancho | State N M | Zip Code 87124 | M 0 | D 6 | Y 2 | Amount 100.00 | |
| Full Name of Contributor Ira Gilbert | | | | | Registration Number, if PAC | | |
| Street Address 211 E 51st St, Apt 8G | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City New York | State N Y | Zip Code 10022 | M 0 | D 6 | Y 2 | Amount 100.00 | |

* 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)]