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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Burris for Trustree									
Full Name of Contributor	Registration Number, if PAG					C			
John Dubos									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1048 Pinnacle Club Drive						Check			
City	State	Zip Code	М	D	Y	Amount			
Grove City	OH	43123	0 8	1   5	0 9		300.00		
Full Name of Contributor			Registrat	ion Numb	er, if PA	C			
Anonymous									
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
						Cash			
City	State	Zip Code	М	D	Y	Amount			
			0 8	1 5	0 9		85.00		
Full Name of Contributor		Registration Number, if PAC							
Steven Henwood									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
5611 Whispering Oak Blvd.			-			Cash			
City	State	Zip Code	М	D	Y	Amount	A		
Hilliard		43026	0 8	1 5	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN		25.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	С			
Gary Leasure									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
2485 Milligan Grove						<u> </u>	Check		
City	State	Zip Code	M	D	Y	Amount			
Grove City	0 H	43123	0 7	0   5	<del>Čarova zamieno men</del>		250.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Violet Nolze				mayanin ahaladas					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
4400 Hoover Road				· -	T	Check			
City	State	Zip Code	M	D	Y	Amount	100.00		
Grove City	lo H	43123	0 8		STATE OF THE PROPERTY OF THE P		100.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	IC.			
B	Amy Dawson								
Street Address	Employer/Occur				Form (Cash, Check, etc.)				
6084 Winnebago St.			1 37	T 5	T 37	Cehck			
City	State	Zip Code	M	D	Y	Amount	25.00		
Grove City	OH	43123	TU S	1 6 ntion Num	1019	C	20.00		
Full Name of Contributor			Registra	mon Num	iber, ii PP	iC .			
Robert Ferguson		pation/Labor Organization*				Earn (Cook Cl	acale ata l		
Street Address	Employer/Occup					Form (Cash, Check, etc.) Check			
4906 Blossom Way		Ta: a :	1 7.6	1 5	Y				
City	State	Zip Code	M	D	1	Amount	25.00		
Grove City	0   H	43123	0 8	1 3 ation Num			25.00		
Full Name of Contributor			Kegistra	nion Nuir	ioci, li P	10			
Leah Adkins Form (Cash Chec						heck etc.)			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cehck				
1429 Palay Drive		17:- Code	1.7	l n	Y	Amount			
City	State	Zip Code	M	D	1	E .	50.00		
Grove City		43123	0 8	1 8	0 9	l	JU.UU		

Page Total \$ 860.00

<sup>\*</sup> 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)]