31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Burriss							
Full Name of Contributor						Registration Number, if PAC	
Joshua Lawson							
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)
17A Alcorn Ave							Check
City	State	Zip Code	M	D	Y		Amount
Toronto	O N	M4V1E5	0 3	2 7	1 7		250.00
Full Name of Contributor						Registration Number, if PAC	
Michael Hathaway							
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)
17A Alcorn Ave							Check
City	State	Zip Code	M	D	Y		Amount
Toronto	O N	M4V1E5	0 3	2 7	1 7		250.00
Full Name of Contributor						Registration Number, if PAC	
Petra Hahn							
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)
23041 Greenwood Rd							Check
City	State	Zip Code	M	D	Y		Amount
Euclid	O H	44117	0 3	3 0	1 7		250.00
Full Name of Contributor						Registration Number, if PAC	
James I Prater							
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)
2000 Malvern Rd							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O H	43221	0 3	3 0	1 7		100.00
Full Name of Contributor						Registration Number, if PAC	
David J Carey							
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)
375 W 2nd Ave							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O H	43201	0 3	3 0	1 7		100.00
Full Name of Contributor						Registration Number, if PAC	
Marc Gofstein							
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)
1265 Haddon Rd							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O H	43209	0 4	0 3	1 7		50.00
Full Name of Contributor						Registration Number, if PAC	
John A Lytle							
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)
4284 Braunton Rd							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O H	43220	0 4	0 3	1 7		100.00
Full Name of Contributor						Registration Number, if PAC	
Adam C Miller							
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)
1600 Roxbury Rd							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O H	43213	0 4	0 3	1 7		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)]

Page Total $ 1,200.00