

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor William Scarbrough					Registration Number, if PAC		
Street Address 564 W 2nd Ave, Apt A		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 0 5	D 1 2	Y 1 7	Amount 25.00	
Full Name of Contributor Genevieve Hoffman					Registration Number, if PAC		
Street Address 1655 Ivy St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Lewis Center	State O H	Zip Code 43035	M 0 5	D 1 2	Y 1 7	Amount 100.00	
Full Name of Contributor Cody Cassady					Registration Number, if PAC		
Street Address 563 Corral Gate Court		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Galloway	State O H	Zip Code 43119	M 0 5	D 1 5	Y 1 7	Amount 25.00	
Full Name of Contributor Amanda Hoyt					Registration Number, if PAC		
Street Address 35 Webster Park Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43214	M 0 5	D 1 6	Y 1 7	Amount 25.00	
Full Name of Contributor John Sauter					Registration Number, if PAC		
Street Address 1750 Crescent Dr		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Springfield	State O H	Zip Code 45504	M 0 5	D 1 6	Y 1 7	Amount 25.00	
Full Name of Contributor Justin Shum					Registration Number, if PAC		
Street Address 5190 Hampton Ln		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43220	M 0 5	D 1 6	Y 1 7	Amount 25.00	
Full Name of Contributor Terra Goodnight					Registration Number, if PAC		
Street Address 5560 Millington Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43235	M 0 5	D 1 7	Y 1 7	Amount 25.00	
Full Name of Contributor Michael Schadek					Registration Number, if PAC		
Street Address 1537 Guilford Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 0 5	D 1 7	Y 1 7	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)]

Page Total \$ 350.00