

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Burris for Trustee</b>							
Full Name of Contributor <b>Charles Spellman</b>					Registration Number, if PAC		
Street Address <b>6120 Iroquois Ct.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>1   0</b>	D <b>3   0</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>William Bolin</b>					Registration Number, if PAC		
Street Address <b>233 Players Club Ct.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Commercial Point</b>	State <b>O   H</b>	Zip Code <b>43116</b>	M <b>1   0</b>	D <b>2   3</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Grove City Republican Club</b>					Registration Number, if PAC		
Street Address <b>4152 Patzer Ave.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>0   9</b>	Amount <b>444.00</b>	
Full Name of Contributor <b>The Elect Steven M. Bennett Committee</b>					Registration Number, if PAC		
Street Address <b>1806 Hawthron Parkway</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   9</b>	Amount <b>335.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]