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 PAC				
Charles Spellman								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		4					Check	
6120 Iroquois Ct.	State	Zip Code	M	D	Y	Amount		
City	OIH	43123	10	3 0	0 9		50.00	
Grove City					ber, if PA	C		
Full Name of Contributor			recgistrat					
William Bolin		Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck etc.)	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization				Check		
233 Players Club Ct.			- 1 \;		1 17			
City	State	Zip Code	M	D	Y	Amount	FA 00	
Commercial Point		43116	10	2 3			50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Grove City Republican Club								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			•	Form (Cash, Check, etc.)		
4152 Patzer Ave.						Check		
City	State	Zip Code	M	D	Y	Amount		
Grove City	0 H	43123	1 0	1 9	0 9		444.00	
Full Name of Contributor				tion Nun	ber, if PA	.C		
The Elect Steven M. Bennett Co	mmittee							
Street Address	Employer/Occup				Form (Cash, Cl	neck, etc.)		
						Check		
1806 Hawthron Parkway	State	Zip Code	М	D	Y	Amount		
City	1 1 1 1	43123	7 1	013			335.00	
Grove City		13143	.5. ,5		ber, if P	C	000.00	
Full Name of Contributor			regione	uron rum	1001, 11 1			
		-ti (abor Organization*				Form (Cash, Cl	heck etc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				roim (Cash, Check, etc.)		
				1 5	Y	Amount		
City	State	Zip Code	M	D	Y	Amount		
					1			
Full Name of Contributor			Registra	ition Nun	nber, if PA	AC.		
					Alexandra de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)	
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	ation Nu	nber, if Pa	4C		
Tun Name of Commons								
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)	
Street Address	Estaplica de la companya de la compa							
O.	State	Zip Code	M	D	Y	Amount		
City	State	Zap Code						
			Pagietr	ation Niu	mber, if P	AC		
Full Name of Contributor			1708120	acivil INU				
						Form (Cash, Check, etc.)		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				roin (Casil, Check, etc.)		
					1	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City	State	Zip Code	М	D	Y	Amount		
						1		
	**************************************	10 10			41.	wanta of the		

* 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 \$ 879.00