| | 10 |
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| Page | 12 |

Statement of Contributions Received

Prescribed by Secretary of State 3'05

| Fail Name of Contributer | Name of Committee in Full | - | | | | | - | | | |
|--|--|---|-------|---------------------------|------------------|--------------|------------|-------------------|--------------------------|--|
| Antonia C Dippold-Webb Some Address | Citizens for Burriss | | | | | | | | | |
| State Address Impleyer Occupation Labor Organization* Form (Cash, Check, etc.) | | | | | Registra | tion Nu | mber, if P | AC | | |
| Columbus | Antonia C Dippold-Webb | | | | | | | | | |
| State | Street Address | Employer O | ecupa | tion/Labor Organization* | | | | Form (Cash, Check | k, etc.) | |
| Columbus O H 43202 0 9 0 7 1 7 250.00 | 64 E Kelso Rd | | | | | | | Check | | |
| Full Name of Contributor | City | | | ! · | М | D | Y | Amount | | |
| Troy Doucet Employer Occupation Labor Organization* | Columbus | 0 | Η | 43202 | 0 9 | 0 7 | 7 1 7 | 7 | 250.00 | |
| Control Cont | | | | | | | | | | |
| Control Cont | Troy Doucet | | | | | | | | | |
| State | Street Address | Employer Occupation/Labor Organization* | | | | - | | Form (Cash, Check | k, etc.) | |
| State Zip Code M D V Amount | 700 Stonehenge Pkwy, 2B | | | | | | | Check | | |
| Full Name of Contributor Registration Number, if PAC | | State | | Zip Code | М | D | Y | Amount | | |
| Full Name of Contributor Street Address Employer Occupation/Labor Organization* State Zip Code M D Y Amount | Dublin | 0 | Н | 43017 | 0 9 | 0 7 | 7 1 7 | 7 | 50.00 | |
| Street Address | Full Name of Contributor | | | <u> </u> | | | mber, if P | AC | | |
| Street Address | Kristin Bryant | | | | | | | | | |
| State | | Employer Oc | ecupa | tion/Labor Organization* | | - | | Form (Cash, Check | k, etc.) | |
| State | 387 Chevenne Wav | | | | | | | Cash | Cash | |
| Full Name of Contributor Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) Cash | | State | | Zip Code | М | D | Y | | | |
| Full Name of Contributor Chadd Smith | Revnoldsburg | | Н | 43068 | 0 9 | 10° | 7 1 7 | 7 | 50.00 | |
| Employer Occupation Labor Organization* Form (Cash, Check, etc.) Cash | | | | | _ | | | | | |
| Employer Occupation Labor Organization* Form (Cash, Check, etc.) Cash | Chadd Smith | | | | | | | | | |
| State Zip Code O H 43205 | the state of the s | Employer O | ecupa | ition/Labor Organization* | | | | Form (Cash, Check | k, etc.) | |
| State Zip Code O H 43205 | 738 Bryden Rd 1A | | | | | | | Cash | Cash | |
| Full Name of Contributor Russell Goodwin Street Address Columbus Full Name of Contributor Bret Roberts Street Address Columbus Full Name of Contributor Bret Roberts Street Address Form (Cash, Check, etc.) Cash City Columbus Employer Occupation/Labor Organization* Employer Occupation/Labor Organization* City Columbus Form (Cash, Check, etc.) Cash City State City Columbus Form (Cash, Check, etc.) Cash City Columbus Form (Cash, Check, etc.) Columbus Form (Cash, Check, etc.) Columbus Form (Cash, Check, etc.) Check City Check City Columbus Form (Cash, Check, etc.) Check City Check City | | State | | Zip Code | M | D | Y | | | |
| Full Name of Contributor Registration Number, if PAC | Columbus | | Н | 43205 | 0 9 | l_0 : | 7 1 7 | 7 | 40.00 | |
| Street Address Employer Occupation/Labor Organization* | | 1_0 | | 10200 | | | | | | |
| Street Address Employer Occupation/Labor Organization* | | | | | | | | | | |
| State Zip Code M | | Employer Occupation/Labor Organization* | | | _L_ | | | Form (Cash, Check | Form (Cash, Check, etc.) | |
| State Zip Code M 43204 O 9 0 7 1 7 25.00 | 376 Binns Blyd | | • | • | | | | 1 | | |
| Columbus | | State | | Zip Code | Тм | D | ΤY | | | |
| Registration Number, if PAC | 1 • • • • • • • • • • • • • • • • • • • | _ | Н | · · | | | 1 | | 25.00 | |
| Street Address | | 10 | | 10201 | | | | | | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | | | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | Employer O | ecupa | ition/Labor Organization* | <u> </u> | | | Form (Cash, Check | k, etc.) | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 554 W 2nd Ave | ' ' | | • | | | | Cash | | |
| Columbus O H 43201 0 9 1 8 1 7 5.00 Full Name of Contributor Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) 1294 Neil Ave State Zip Code M D Y Amount Columbus O H 43201 0 9 1 8 1 7 50.00 Full Name of Contributor Registration Number, if PAC Registration Number, if PAC Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) 1885 Tewksbury Rd Refunded 10/18/2017 Check City State Zip Code M D Y Amount | | State | | Zip Code | М | D | Y | | | |
| Full Name of Contributor Sarah A Cherry | | | Н | 1 ' | ln 9 | 11 9 | 3 1 7 | 7 | 5.00 | |
| Employer Occupation/Labor Organization* | | | - | 10201 | | | | | | |
| Employer Occupation/Labor Organization* | Sarah A Cherry | | | | | | | | | |
| 1294 Neil Ave | | Employer O | ccupa | ition/Labor Organization* | <u> </u> | | | Form (Cash, Check | k, etc.) | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 1 | 1 5 | | | | | | Check | | |
| Columbus O H 43201 0 9 1 8 1 7 50.00 Full Name of Contributor Registration Number, if PAC Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) 1885 Tewksbury Rd Refunded 10/18/2017 Check City State Zip Code M D Y Amount | | State | | Zip Code | М | D | Y | | | |
| Full Name of Contributor Registration Number, if PAC Registration Number, if PAC Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) | Columbus | 0 | Н | I * | 0 9 | 11 8 | 8 1 1 2 | 7 | 50.00 | |
| Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) 1885 Tewksbury Rd Refunded 10/18/2017 Check City State Zip Code M D Y Amount | | | | | | | | | | |
| Street Address Employer Occupation/Labor Organization* Form (Cash, Check, etc.) 1885 Tewksbury Rd Refunded 10/18/2017 Check City State Zip Code M D Y Amount | | | | | | | | | | |
| 1885 Tewksbury Rd Refunded 10/18/2017 Check City State Zip Code M D Y Amount | | Employer Occupation/Labor Organization* | | | Form (Cash, Chec | k, etc.) | | | | |
| City State Zip Code M D Y Amount | | | | | 3 | | | | | |
| | | | | | M | D | Y | | | |
| | Columbus | 0 | Н | 43221 | 0 9 | 1 1 | $ _{1}$ | 7 [| 50.00 | |

Page Total \$ 520.00

^{*} 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)]