

Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Normanella Dewille					Registration Number, if PAC		
Street Address 2580 Clairmont Ct		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 0 5	Y 1 7	Amount 100.00	
Full Name of Contributor Leslie A Marshall					Registration Number, if PAC		
Street Address 1838 Arlington Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43212	M 1 0	D 0 5	Y 1 7	Amount 100.00	
Full Name of Contributor Robert Sauter					Registration Number, if PAC		
Street Address 1135 Regency Dr		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 2	Y 1 7	Amount 25.00	
Full Name of Contributor Gerald J Girardi					Registration Number, if PAC		
Street Address 4655 Haymarket Ct		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 2	Y 1 7	Amount 250.00	
Full Name of Contributor Susan R Smudz					Registration Number, if PAC		
Street Address 4655 Haymarket Ct		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 2	Y 1 7	Amount 250.00	
Full Name of Contributor Gwynyth L Mislin					Registration Number, if PAC		
Street Address 4450 Haverford Ct		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 2	Y 1 7	Amount 100.00	
Full Name of Contributor Tara Ratzel					Registration Number, if PAC		
Street Address 2703 Briston Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 6	Y 1 7	Amount 20.00	
Full Name of Contributor Carolyn T Casper					Registration Number, if PAC		
Street Address 2545 Northwest Blvd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 1 0	D 1 6	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 \$ 945.00