

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Burris for Trustee									
Full Name of Contributor Randall Mosher						Registration Number, if PAC			
Street Address 1118 Carnoustie Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 0 3	Y 0 9	Amount 25.00			
Full Name of Contributor Richard Robinson						Registration Number, if PAC			
Street Address 2464 Martha's Woods Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 0 3	Y 0 9	Amount 75.00			
Full Name of Contributor James Laws						Registration Number, if PAC			
Street Address 2633 Geyerwood Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 0 3	Y 0 9	Amount 50.00			
Full Name of Contributor Timothy Castle						Registration Number, if PAC			
Street Address 3868 Corona Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 0 4	Y 0 9	Amount 50.00			
Full Name of Contributor Patrice Rauck						Registration Number, if PAC			
Street Address 1111 London Groveport Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 1 3	Y 0 9	Amount 100.00			
Full Name of Contributor James Rauck						Registration Number, if PAC			
Street Address 2598 Melane Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 1 4	Y 0 9	Amount 50.00			
Full Name of Contributor Donald Rogers						Registration Number, if PAC			
Street Address 4898 Morning Light Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 0 3	Y 0 9	Amount 100.00			
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)]

Page Total \$ 450.00