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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Burris for Trustree			***************************************				
Full Name of Contributor			Registrati	Registration Number, if PAC			
Randall Mosher							
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Che	ck, etc.)
1118 Carnoustie Circle						Check	
City	State	Zip Code	М	D		Amount	
Grove City	OIH	43123	1 0		0 9		25.00
Full Name of Contributor			Registrati	on Numb	er, if PAC		
Richard Robinson							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
2464 Martha's Woods Court						Check	
City	State	Zip Code	М	D	Y	Amount	
	OIH	43123	1 0	0 3	0 9		75.00
Grove City Full Name of Contributor				ion Numb	er, if PA	C	
			500				
James Laws Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
	Disproj III e e e	Employen Occupation Bason Organization				Check	
2633 Geyerwood Court	State	Zip Code	М	D	Y	Amount	
City	OIH	43123	1 0	0 3	0   9		50.00
Grove City Full Name of Contributor		E Law	Registrat			C	
Timothy Castle	Employer/Occum	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
Street Address	EmployenGeoup	attom bacot organization		Check			
3868 Corona Court	State	Zip Code	M	D	Y	Amount	
City	O   H	43123	1 0	0 4	0 9		50.00
Grove City		40140		ion Numb		C	00.00
Full Name of Contributor			incgistra	1011 1 10111	, II	.0	
Patrice Rauck	12. 1. 10	i' / L. Our minsting				Form (Cash, Ch	eck etc )
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Check	
1111 London Groveport Rd.		12. C 1	M	D	Y	Amount	
City	State	Zip Code				Zinoani	100.00
Grove City	OH	43123	1 0	13 tion Num	-	C	100.00
Full Name of Contributor			Registra	HOH MUH	oer, ii r	ic.	
James Rauck						E (Cook Ch	ook oto)
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
2598 Melane Ave.				1 =	1 37	Check	
City	State	Zip Code	M	D	Y	Amount	E0.00
Grove City		43123		1   4			50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC.	
Donald Rogers							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4898 Morning Light Ct.					·	Check	
City	State	Zip Code	M	D	Y	Amount	400.00
Grove City	OH	43123	1 0		0 9	entile and a superior of the contract of the c	100.00
Full Name of Contributor			Registra	ntion Num	iber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*			onasjaviji ja tili jelokili seli		Form (Cash, Cl	neck, etc.)
BROOK 1 Editions	' '	·					
City	State	Zip Code	М	D	Y	Amount	***************************************
City		1					
		didates. If contributor is self-e	nnloved the	occupatio	n and the	name of the	

Page Total \$ 450.00

<sup>\*</sup> 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)]