31-A
R.C. 3517.10

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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					Registration Number, if PAC				
Constance Parrett									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
6211 Beaver Lake Drive								Check	
City	State	Zip Code	M	D	Y			Amount	
Grove City	O H	43123	0 8	1 5	0 9			200.00	
Full Name of Contributor					Registration Number, if PAC				
Judith Molino									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1 Miranova Pl. #1105								Cjeck	
City	State	Zip Code	M	D	Y			Amount	
Columbus	O H	43215	0 8	1 5	0 9			25.00	
Full Name of Contributor					Registration Number, if PAC				
Pamela Boals									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
6980 Falls View Circle								Check	
City	State	Zip Code	M	D	Y			Amount	
Delaware	O H	43015	0 8	1 5	0 9			50.00	
Full Name of Contributor					Registration Number, if PAC				
Jerry Bennett									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
5914 Grant Run Estates Drive								Check	
City	State	Zip Code	M	D	Y			Amount	
Grove City	O H	43123	0 8	1 5	0 9			200.00	
Full Name of Contributor					Registration Number, if PAC				
Andrea Hollinga									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
4607 Hirth Hill Road E.								Check	
City	State	Zip Code	M	D	Y			Amount	
Grove City	O H	43123	0 8	1 5	0 9			25.00	
Full Name of Contributor					Registration Number, if PAC				
JOMAR, An Ohio General Partnership									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
567 Lazelle Road								Check	
City	State	Zip Code	M	D	Y			Amount	
Westerville	O H	43081	0 8	1 5	0 9			100.00	
Full Name of Contributor					Registration Number, if PAC				
David Bright									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
2916 Buxton Lane								Check	
City	State	Zip Code	M	D	Y			Amount	
Grove City	O H	43123	0 8	1 5	0 9			25.00	
Full Name of Contributor					Registration Number, if PAC				
James Albright II									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
4888 Morning Light Court								Check	
City	State	Zip Code	M	D	Y			Amount	
Grove City	O H	43123	0 8	1 5	0 9			50.00	

* 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 $ 675.00