

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Elaine Long					Registration Number, if PAC		
Street Address 1625 Barrington Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43221	M 0	D 8	Y 2	Amount 15.00	
Full Name of Contributor Valerie Hayden					Registration Number, if PAC		
Street Address 1851 Plains Blvd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Powell	State O H	Zip Code 43065	M 0	D 8	Y 2	Amount 3.00	
Full Name of Contributor Christina Monnier					Registration Number, if PAC		
Street Address 1994 Suffolk Rd, Apt B		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43221	M 0	D 8	Y 2	Amount 15.00	
Full Name of Contributor Teri Ziegler					Registration Number, if PAC		
Street Address 1750 Arlington Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43212	M 0	D 8	Y 2	Amount 20.00	
Full Name of Contributor Jim Owen					Registration Number, if PAC		
Street Address 1800 Bedford Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43212	M 0	D 8	Y 2	Amount 100.00	
Full Name of Contributor Carol Mohr					Registration Number, if PAC		
Street Address 2567 Westmont Blvd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 8	Y 2	Amount 125.00	
Full Name of Contributor Estelle Scott					Registration Number, if PAC		
Street Address 1553 Fishinger Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 8	Y 2	Amount 25.00	
Full Name of Contributor Jodene Scarbrough					Registration Number, if PAC		
Street Address 285 Reinhard Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 8	Y 2	Amount 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)]