

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Burris for Trustee									
Full Name of Contributor Carol Feyes						Registration Number, if PAC			
Street Address 1326 Carnoustie Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 4	Y 0 9	Amount 25.00			
Full Name of Contributor Robert Scheeler						Registration Number, if PAC			
Street Address 1610 Chippewa Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 4	Y 0 9	Amount 25.00			
Full Name of Contributor R. Steven Burris						Registration Number, if PAC			
Street Address 4664 Barnwood Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 6	Y 0 9	Amount 25.00			
Full Name of Contributor Scott Burris						Registration Number, if PAC			
Street Address 2566 Clark Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 5	Y 0 9	Amount 50.00			
Full Name of Contributor Edward Palmer						Registration Number, if PAC			
Street Address 6382 Wahl Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 5	Y 0 9	Amount 50.00			
Full Name of Contributor David Miller						Registration Number, if PAC			
Street Address 12938 Cook Yankeetown Road NE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Mt. Sterling	State O H	Zip Code 43143	M 0 8	D 1 5	Y 0 9	Amount 25.00			
Full Name of Contributor Stephen Bowshier						Registration Number, if PAC			
Street Address 4297 Orders Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 5	Y 0 9	Amount 50.00			
Full Name of Contributor Gary Leasure						Registration Number, if PAC			
Street Address 2488 Milligan Grove			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 5	Y 0 9	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 \$ **350.00**