

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Erin M Gibbons					Registration Number, if PAC		
Street Address 866 W Rich St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43222	M 0	D 9	Y 2	Amount 25.00	
Full Name of Contributor Erin B Beck					Registration Number, if PAC		
Street Address 6840 Downs St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Timothy Lee Scarbrough					Registration Number, if PAC		
Street Address 2790 Alliston Ct		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 2	Amount 75.00	
Full Name of Contributor Emilie C Zion					Registration Number, if PAC		
Street Address 842 S Lazelle St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Lucas J La Tour					Registration Number, if PAC		
Street Address 673 Lee Chapel Ct		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 9	Y 2	Amount 250.00	
Full Name of Contributor Joseph M Gibson					Registration Number, if PAC		
Street Address 801 City Park Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 9	Y 2	Amount 25.00	
Full Name of Contributor Catherine A Russo					Registration Number, if PAC		
Street Address 1850 Tewksbury Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 9	Y 2	Amount 100.00	
Full Name of Contributor CMAGE/CWA Local 4502					Registration Number, if PAC		
Street Address 1350 W 5th Ave, Ste 300		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1	D 0	Y 0	Amount 250.00	

* 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)]