

AMENDED (PAGE 7)

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

FILED

Name of Committee in Full Burgess, Davis, & Sadt for BOE		13 OCT 29 PM 1:45										
Full Name of Contributor Luke Davis		Registration Number, if PAC BOARD OF ELECTIONS										
Street Address 4465 Wrangell Place	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check									
City Columbus	State OH	Zip Code 43230	<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>4</td><td>1</td><td>3</td> </tr> </table> Amount \$60.00	M	D	Y	0	4	0	4	1	3
M	D	Y										
0	4	0										
4	1	3										
Full Name of Contributor Luke Davis		Registration Number, if PAC										
Street Address 4465 Wrangell Place	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check									
City Columbus	State OH	Zip Code 43230	<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>1</td> </tr> <tr> <td>5</td><td>1</td><td>3</td> </tr> </table> Amount \$300.00	M	D	Y	0	9	1	5	1	3
M	D	Y										
0	9	1										
5	1	3										
Full Name of Contributor James E Burgess		Registration Number, if PAC										
Street Address 4930 Honeysuckle Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check									
City Columbus	State OH	Zip Code 43230	<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td> </tr> <tr> <td>2</td><td>1</td><td>3</td> </tr> </table> Amount \$50.00	M	D	Y	0	4	0	2	1	3
M	D	Y										
0	4	0										
2	1	3										
Full Name of Contributor James E Burgess		Registration Number, if PAC										
Street Address 4930 Honeysuckle Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL Debit									
City Columbus	State OH	Zip Code 43230	<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>1</td> </tr> <tr> <td>0</td><td>1</td><td>3</td> </tr> </table> Amount \$5.00	M	D	Y	0	5	1	0	1	3
M	D	Y										
0	5	1										
0	1	3										
Full Name of Contributor James E Burgess		Registration Number, if PAC										
Street Address 4930 Honeysuckle Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check									
City Columbus	State OH	Zip Code 43230	<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>2</td> </tr> <tr> <td>7</td><td>1</td><td>3</td> </tr> </table> Amount \$1,750.00	M	D	Y	0	8	2	7	1	3
M	D	Y										
0	8	2										
7	1	3										
Full Name of Contributor James E Burgess		Registration Number, if PAC										
Street Address 4930 Honeysuckle Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL Debit									
City Columbus	State OH	Zip Code 43230	<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>1</td> </tr> <tr> <td>4</td><td>1</td><td>3</td> </tr> </table> Amount \$5.00	M	D	Y	1	0	1	4	1	3
M	D	Y										
1	0	1										
4	1	3										
Full Name of Contributor John Sadt		Registration Number, if PAC										
Street Address 708 Autumn Tree Pl	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check									
City Westerville	State OH	Zip Code 43081	<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>2</td> </tr> <tr> <td>7</td><td>1</td><td>3</td> </tr> </table> Amount \$100.00	M	D	Y	0	3	2	7	1	3
M	D	Y										
0	3	2										
7	1	3										
Full Name of Contributor John Sadt		Registration Number, if PAC										
Street Address 708 Autumn Tree Pl	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check									
City Westerville	State OH	Zip Code 43081	<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>0</td> </tr> <tr> <td>8</td><td>1</td><td>3</td> </tr> </table> Amount \$400.00	M	D	Y	0	9	0	8	1	3
M	D	Y										
0	9	0										
8	1	3										

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$2,670.00