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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 PA	C	
Yeou-Long Shyu						
Street Address	Employer/Occupa	tion/Labor Organization*			Form (Cash, Che	eck, etc.)
1947 Stringtown Road	P)		****		Check	~
City	State	Zip Code	M I	1 . 1	Amount	
Grove City	O H'	43123		3 0 9		50.00
Full Name of Contributor				Number, if PA	С	
Fredric Phillips					2002/2007	2000000
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2624 Willowgate Road	- Control of the Cont				Check	
City	State	Zip Code	M I) Y	Amount	
Grove City	OLH	43123	1 0 0	3 0 9		20.00
Full Name of Contributor			an ann an	Number, if PA	.С	
Scot Hirth						
Street Address	Employer/Occupa	ation/Labor Organization*	L. L.		Form (Cash, Ch	eck, etc.)
1850 Holton Road	, x y	-			Check	
City	State	Zip Code	M I	D Y	Amount	
	OH	43123	1 1	3 0 9		25.00
Grove City Full Name of Contributor		and the second of the second of		Number, if PA	Contraction of the Contraction o	
				•		
Tamara Shanyfelt Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Ch	ieck, etc.)	
8	Zanpioyer/Occup.	· · · · · · · · · · · · · · · · · · ·			Check	
4232 Kelnor Drive	State	Zip Code	M	D Y	Amount	
City	State	43123	1 1	3 0 9	E .	25.00
Grove City		EJLLJ		Number, if PA		۷۷،۷۷
Full Name of Contributor			region anom			
Steven Bennett	175	ation/Lahor Organization			Form (Cash, Cl	ieck, efc.)
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Check	, 2001)
1806 Hawthorn Pkwy		Zin Codo	М	D Y	Amount	
City	State	Zip Code	1 1	1	B	50.00
Grove City	O H	43123) 3 0 9 Number, if P/		JU.UU
Full Name of Contributor			Registration	i inumort, it Pi		
Richard Stage		17 4			Form (Cod. C	hack etc.
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Cl	HECK, EIC.)
2733 Woodgrove Drive					Check	
City	State	Zip Code	1 1	D Y	Amount	ma aa
Grove City		43123	1010) 3 0 9		50.00
Full Name of Contributor			Registration	n Number, if Pa	AC	
Arthur Eversman						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	heck, etc.)	
2471 Zuber Road					Check	
City	State	Zip Code	1 1	D Y	Amount	
Grove City	0 H	43123		0 3 0 9		100.00
Full Name of Contributor			Registration	n Number, if P	AC	
Jami Butler					Name of the Party	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	heck, etc.)	
2371 Hunterstown Drive				Check		
City	State	Zip Code	М	D Y	Amount	
Grove City	OlH	43123	1101	0 3 0 9)	25.00
I GIOVE CITÀ				NAMES OF THE OWNERS OF THE OWNER, WHEN THE OWN	a name of the	

* 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)]

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