Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Burris for Trustree				***************************************	01000117000000000000000000000000000000		
Full Name of Contributor			Registrati	Registration Number, if PAC			
Thomas McAlister							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4974 Jackson Pike			Check				
City	State	Zip Code	М	D	Y	Amount	
	lo I H	43123	0 9	1 8	0 9		20.00
Grove City Full Name of Contributor		20 1 200		ion Numb		3	
Roger McDaniel Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)
	projun stra				N N N N N N N N N N N N N N N N N N N	Check	
2041 Autumn Wind Drive	State	Zip Code	М	D	Y	Amount	
City		43123	0 9	2 1	0 9		25.00
Grove City		"KU L AU		ion Numb	······································	c	
Full Name of Contributor							
Homer McKnight	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
Street Address	Employer/Occu					Check	
1520Hiner Road	State	Zip Code	М	D	Ý	Amount	
City	0 H	43146	0 9		0 9		50.00
Orient		40140		tion Num	Accessorate principal and the second	C	
Full Name of Contributor			i cognocia				
Ronald Mills	E-valavar/Ocasy	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
Street Address	Employer/Occu		Check			, ,	
3780 Pine Ridge Drive		17:- C-3-	M	D	Y	Amount	
City	State	Zip Code		1 .	0 9	2 infounc	50.00
Lewis Center	OlH	43035		∠ ⊃ tion Num		C	20.00
Full Name of Contributor			nxegisii a		001, 11 1 7 1	·C	
Don Bowman						Form (Coch, Ch.	eck etc \
Street Address	Employer/Occu					Form (Cash, Check, etc.)	
2362 Stargrass Ave.			12	1 5	T v	Cash Amount	
City	State	Zip Code	M	D	Y		20.00
Grove City	0 H	43123	0 9			Recommendation to the contract of the contract	20.00
Full Name of Contributor			Registra	tion Num	ner, ii PA	ic.	
Paul Klein						Francisco de Ch	ante ata
Street Address	Employer/Occi				Form (Cash, Ch	eck, etc.)	
6379 Jackson Pike					1 57	Check	
City	State	Zip Code	M	D	Y	Amount	10.00
Grove City	O L H	43123		2 3			10.00
Full Name of Contributor			Registra	ation Nun	iber, it PA	AC .	
John Dubos							
Street Address	Employer/Occi		Form (Cash, Check, etc.			ieck, etc.)	
1048 Pinnacle Club Drive					Cash		
City	State	Zip Code	М	D	Y	Amount	40.00
Grove City	OLH	43123	1 0				40.00
Full Name of Contributor			Registr	ation Nun	iber, if P	AC.	
Beverly Sexton							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1339 Borror Road					Check		
City	State	Zip Code	М	D	Y	Amount	
Grove City		43123	1 0	0 3		and the control of th	50.00
			1 1 /			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)]

Page Total \$ 265.00