

Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor John Rayburn					Registration Number, if PAC		
Street Address 1511 W 6th Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43212	M 0 9	D 2 2	Y 1 7	Amount 50.00	
Full Name of Contributor Kyle Strickland					Registration Number, if PAC		
Street Address 91 W Starr Ave, Apt F		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 0 9	D 2 2	Y 1 7	Amount 25.00	
Full Name of Contributor Misha Barnes					Registration Number, if PAC		
Street Address 786 S Third St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 0 9	D 2 2	Y 1 7	Amount 100.00	
Full Name of Contributor Zachary Davidson					Registration Number, if PAC		
Street Address 326 Clinton Heights Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43202	M 0 9	D 2 2	Y 1 7	Amount 25.00	
Full Name of Contributor Lindsey Stewart					Registration Number, if PAC		
Street Address 136 E Whittier St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 0 9	D 2 2	Y 1 7	Amount 25.00	
Full Name of Contributor Dontavius Jarrells					Registration Number, if PAC		
Street Address 1245 Mt Vernon Ave, Ste 3H		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43203	M 0 9	D 2 2	Y 1 7	Amount 50.00	
Full Name of Contributor Priyam Chokshi					Registration Number, if PAC		
Street Address 110 N 3rd St, Apt 504		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 2	Y 1 7	Amount 50.00	
Full Name of Contributor Alyson Rowse					Registration Number, if PAC		
Street Address 1228 Harrison Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 0 9	D 2 3	Y 1 7	Amount 25.00	

* 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)]