## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Burgess, Davis, & Sodt for BOE	,					
Full Name of Contributor	Registration Number, if PAC					
Luke Davis				İ		
Street Address	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)		
4465 Wrangell Place	, , , , , , , , , , , , , , , , , , , ,			Check		
City	State	Zip Code	M D Y	Amount		
Columbus	OH	43230	0 4 0 4 1 3	\$60.00		
Full Name of Contributor			Registration Number, if	PAC		
Luke Davis						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4465 Wrangell Place				Check		
City	State	Zip Code	0 9 1 5 1 3	Amount		
Columbus	OH	43230				
Full Name of Contributor	Registration Number, if PAC					
James E Burgess						
Street Address	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)		
4930 Honeysuckle Blvd				Check		
City Columbus	Stake OH	Zip Code 43230	$\begin{bmatrix} 0 & 4 & 0 & 2 & 1 & 3 \\ 0 & 4 & 0 & 2 & 1 & 3 \end{bmatrix}$	Amount \$50.00		
		40200				
Full Name of Contributor		Registration Number, if	PAC			
James E Burgess	<del></del>			Farm (Cash Charlesta)		
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL Debit		
4930 Honeysuckle Blvd	Pr.h.	19. 6.1.		Amount		
City Columbus	State OH	Zip Code 43230	0 5 1 0 1 3	\$5.00		
Full Name of Contributor	Off	10200	Registration Number, if			
James E Burgess			registration ( tumovi, 12	0		
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)		
4930 Honeysuckle Blvd	employer/occu	pation/Labor Organization		Check		
City	State	Zip Code	M D Y	Amount		
Columbus	ОН	43230	0 8 2 7 1 3	\$1,750.00		
Full Name of Contributor		···········	Registration Number, if	PAC		
James E Burgess						
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)		
4930 Honeysuckle Blvd				PAYPAL Debit		
City	State	Zip Code	1 0 1 4 1 3	Amount		
Columbus	ОН	43230		\$5.00		
Full Name of Contributor			Registration Number, if I	PAC		
John Sodt						
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)		
708 Autumn Tree Pl				Check		
City	State	Zip Code	MIGIN	Amount		
Westerville	ОН	43081	032713	\$100.00		
Full Name of Contributor			Registration Number, if I	PAC .		
John Sodt			L	Form (Cook Charles )		
Street Address 708 Autumn Tree Pl	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M IN V	Cash Amount		
Westerville	oH	43081	0 9 0 8 1 3			
• • • • •	1 - ':		1-1-10101,10	7.70.00		

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

Page Total \$2,670.00