

Statement of Contributions Received

Prescribed by Secretary of State 3.05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Jane Hastie					Registration Number, if PAC		
Street Address 2301 Brandon Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 9	Y 1 5 1 7	Amount 100.00	
Full Name of Contributor Tyler Post					Registration Number, if PAC		
Street Address 642 Raphael Pl		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Charlotte	State N C	Zip Code 28205	M 0	D 9	Y 1 6 1 7	Amount 150.00	
Full Name of Contributor L Martin Cordero					Registration Number, if PAC		
Street Address 1610 McCoy Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O H	Zip Code 43220	M 0	D 9	Y 1 6 1 7	Amount 150.00	
Full Name of Contributor Megan Kirch					Registration Number, if PAC		
Street Address 2332 Eastcleft Dr		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 9	Y 1 7 1 7	Amount 75.00	
Full Name of Contributor Scott Mustric					Registration Number, if PAC		
Street Address 7938 Cedar View Blvd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 1 7 1 7	Amount 50.00	
Full Name of Contributor John McCrystal					Registration Number, if PAC		
Street Address 2196 Shoreham Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 1 8 1 7	Amount 50.00	
Full Name of Contributor Philippe Viray					Registration Number, if PAC		
Street Address 1520 Slade Ave, Apt 102		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43235	M 0	D 9	Y 1 9 1 7	Amount 100.00	
Full Name of Contributor Michael Schottenstein					Registration Number, if PAC		
Street Address 226 S Cassingham		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 1 9 1 7	Amount 75.00	

* 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)]