

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Burris for Trustee												
Full Name of Contributor Bernice Chaddock						Registration Number, if PAC						
Street Address 3229 Kingston Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 8		D 1 5		Y 0 9		Amount 25.00
Full Name of Contributor Michael Creamer						Registration Number, if PAC						
Street Address 2546 Clark Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 8		D 1 5		Y 0 9		Amount 25.00
Full Name of Contributor James Miller						Registration Number, if PAC						
Street Address 6730 Beach Resort Drive, #2			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Naples		State F L		Zip Code 34114		M 0 8		D 1 5		Y 0 9		Amount 25.00
Full Name of Contributor Alma Bennett						Registration Number, if PAC						
Street Address 2316 Berryhill Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 8		D 1 5		Y 0 9		Amount 25.00
Full Name of Contributor George Larger						Registration Number, if PAC						
Street Address 3323 Park Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 8		D 1 5		Y 0 9		Amount 50.00
Full Name of Contributor James Rauck						Registration Number, if PAC						
Street Address 111 London Groveport Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 8		D 1 5		Y 0 9		Amount 100.00
Full Name of Contributor Michael McCoy						Registration Number, if PAC						
Street Address 4753 Andrews Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 8		D 1 5		Y 0 9		Amount 25.00
Full Name of Contributor Williard Milam						Registration Number, if PAC						
Street Address 4827 Dunmann Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 8		D 1 5		Y 0 9		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)]

Page Total \$ **300.00**