Page	5
1 460	***************************************

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Burris for Trustree				***************************************				
Full Name of Contributor			Registrat	ion Numbe	er, if PAC			
Bernice Chaddock				***************************************				
Street Address	Employer/Occupa	I			Form (Cash, Check, etc.)			
3229 Kingston Avenue					Check			
City	State	Zip Code	М	D	Y	Amount		
Grove City	0   H	43123	0 8	1   5	0 9		25.00	
Full Name of Contributor				ion Numbe	er, if PA	0		
Michael Creamer								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
2546 Clark Drive						Check		
2546 Clark Drive	State	Zip Code	M	D	Y	Amount		
	OIH	43123	0 8	1 5	0 9		25.00	
Grove City Full Name of Contributor		print, many and an arrange for		tion Numb		C		
			_					
James Miller	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
Street Address	Zimpioyon cooup					Check		
6730 Beach Resort Drive, #2	State	Zip Code	М	D	Y	Amount		
City	FIL	34114	0 8	1 5	0 9		25.00	
Naples	1.	JTIIT		tion Numb		C		
Full Name of Contributor					*			
Alma Bennett	Employer/Occum	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
Street Address	Employer/Occupation/Labor Organization*			Check			. ,	
2316 Berryhill Drive	State	Zip Code	М	D	Y	Amount		
City	1 > 8	43123	l l	1 1		9	25.00	
Grove City		43143		tion Numb		S-recommendation of the second	A V s Values	
Full Name of Contributor			IXC gisti a	TOTAL TARRET	· • 1 , 11 1 / 1			
George Larger	F 1	estimation to above Operanisation to			MATTER STREET,	Form (Cash, Ch	eck. etc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Check	,,	
3323 Park Street	~	Ti- C-1-	М	D	Y	Amount		
City	State	Zip Code	1	1 5		, snount	50.00	
Grove City		43123		⊥   ⊃ ation Numl		I.	JU.UU	
Full Name of Contributor			Kegisti	mon muni	ni, ii r			
James Rauck		4 A 4 A 4				Form (Cash, Ch	eck etc \	
Street Address	Employer/Occuj	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
111 London Groveport Road				TE	37	Check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Grove City	0   1	43123		1 5			100.00	
Full Name of Contributor			Registr	ation Num	per, if PA	40		
Michael McCoy						In (0 1 0		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4753 Andrews Drive				Check				
City	State	Zip Code	М	D	Y	Amount	Primar Co.O.	
Grove City	lo   H	43123	0 8			-callianaria a companio de la compa	25.00	
Full Name of Contributor			Registr	ation Num	ber, if P	AC		
Williard Milam								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
4827 Dunmann Way						Check		
City	State	Zip Code	M	D	Y	Amount		
Grove City	0   H	43123	0 8	3 1 5	0 9	) [	25.00	
CILORC CITA		didates. If contributor is self-e	mployed the	occupatio	n and the	name of the		

Page Total \$ 300.00

<sup>\*</sup> 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)]