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## **Statement of Contributions Received**

Prescribed by Secretary of State 3 05

Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·					
Citizens for Burriss								
Full Name of Contributor			Registrati	Registration Number, if PAC				
Loretta E Hiegle								
Street Address	Employer Occ	upation/Labor Organization*				Form (Cash, Check,	etc.)	
3518 Rue De Fleur						Check	_	
City	State	Zip Code	М	D	Y	Amount		
Columbus	O E	43221	0 9	1 8	1 7		50.00	
Full Name of Contributor			Registrati	ion Numb	er, if PA	C		
James I Prater								
Street Address	Employer Occupation/Labor Organization*					Form (Cash, Check,	etc.)	
2000 Malvern Rd				_		Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OF	43221	0 9	1 8	1 7		50.00	
Full Name of Contributor			Registrati	ion Numb	er, if PA	С		
Beryl Oser								
Street Address	Employer Occupation/Labor Organization*					Form (Cash, Check, etc.)		
6702 E Main St	l					Check		
City	State	Zip Code	М	D	Y	Amount		
Reynoldsburg	O F	d 43068	0 9	1 8	1 7		50.00	
Full Name of Contributor			Registrati	ion Numb	er, if PA	C		
Chadd Smith								
Street Address	Employer Occupation/Labor Organization*					Form (Cash, Check, etc.)		
738 Bryden Rd						Cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O F	43205	0 9	2 5	1 7		40.00	
Full Name of Contributor	<del>-</del>		Registrat	ion Numb	er, if PA	C		
Joe Ryan								
Street Address	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)			
25 W Longview						Cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	JOF	43202	0 9	2 5	1 7		20.00	
Full Name of Contributor			Registrat	ion Numb	er, if PA	С		
Kels Ellingsen								
Street Address	Employer Occupation/Labor Organization*				Form (Cash, Check,	, etc.)		
43 S Monroe Ave, Apt A		_ <del>_</del>				Cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O F	43205		2 5			30.00	
Full Name of Contributor			Registrat	ion Numb	er, if PA	C		
Deborah Bosner								
Street Address	Employer Occ	cupation/Labor Organization*	*			Form (Cash, Check,	, etc.)	
2235 Dorset Rd						Cash		
City	State	Zip Code	М	D	Y	Amount	• • • • • •	
Columbus	O F	43221	0 9	2 5	1 7		100.00	
Full Name of Contributor			Registrat	ion Numb	oer, if PA	C		
Michelle Galligan					_	In		
Street Address	Employer Occupation/Labor Organization*				Form (Cash, Check,	, etc.)		
965 N Pearl St			<del>-   -  </del>		-	Cash		
City	State	Zip Code	M	D	Y	Amount	10.00	
Columbus	O F	1 43201	0 9	2 5	1 7	L	40.00	

Page Total \$ 380.00

<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)]