## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

				potential and the second				
Name of Committee in Full								
Burris for Trustree  Registration Number, if PAC								
ull Name of Contributor				uon Numt	per, if PA	Ų		
David Koch	No.				***************************************	-		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
4565 Hirth Hill Road	00 mm		<del>carigados de la carigados de la carigado de</del>			Check		
City	State	Zip Code	М	D	1 . 1	Amount		
Grove City	0   H	43123	0 8				100.00	
Full Name of Contributor	-			tion Numb		C		
Mark Rothwell						NAME OF THE PARTY	Supplied to the second	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	ieck, etc.)	
11560 Burro Lane						Check	Check	
City	State	Zip Code	М	D	Y	Amount		
Grove City	OLH	43123	0 8	1   5	0 9		500.00	
Grove City Full Name of Contributor		- Comment		ntion Numb		С		
William Forrester								
VVIIIIam FORTESTER Street Address	Employer/Occupation/Labor Organization*			<u> </u>		Form (Cash, Cl	neck, etc.)	
	Employen Cocap.				Check			
4673 Clayburn Ct.	State	Zip Code	М	D	Y	Amount		
City	State O H	43123	0 8	1	1		50.00	
Grove City		T./ l. And		ation Numl	CONTRACTOR OF THE PROPERTY OF THE PERSON OF	C	~~~~	
Full Name of Contributor			, egioni	vulli	,			
Berkley Roach	Ir1	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
Street Address	Employer/Occup.				ļ	Check	, ,	
2426 Holton Road		Tin Codo	М	D	ΙΥ	Amount		
City	State	Zip Code		1 .	1	2 MANUTALL	50.00	
Grove City		43123	0 8	and the particular section of	patricina de la constitución de la		JU.UU	
Full Name of Contributor			Kegistra	ation Num	.oci, II PA	.c		
Tina Badurina		- A B - 3			(CONTRACTOR OF THE PROPERTY OF	Form (Cash, C	heck etc.)	
Street Address	Employer/Occup	nation/Labor Organization*					acon, cic.)	
4318 Clayburn Drive		77.7	- I -	T ~	77	Check	***************************************	
City	State	Zip Code	M	D	Y	Amount	E0 00	
Grove City	O   H	43123	0 8		09		50.00	
Full Name of Contributor			Registr	ation Num	iver, if PA	10		
Stanley Smith					was promound to	1		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, C	neck, etc.)	
5323 Pheasant Drive			***************************************			Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	0   H	43123		3 1 5			50.00	
Full Name of Contributor				ration Num				
Thomas Custer				-				
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, C	heck, etc.)	
2695 Woods Cres.					_	Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	0   H	43123	0   8		0 9		50.00	
Full Name of Contributor		Registration Number, if PA						
Rene Williams								
Rene Williams Street Address	Employer/Occupation/Labor Organization*				Form (Cash, C	Theck, etc.)		
15	Limpioyon Good,					Check		
4308 Hoover Road	State	Zip Code	М	D	Y	Amount		
City	o   H	1 -	1	3 1 5		8	100.00	
Grove City	IUII	L tollo	LUIC	4	خبب	1	200.00	

\* 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 \$ 950.00