Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Burriss						
Full Name of Contributor			Registra	ition Num	ber, if PA	C
Joseph Henry						
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
195 N 21st St						Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43203	0 5	1 7	1 7	25.00
Full Name of Contributor					ber, if PA	C
Sarah Welch						
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2586 Wickliffe Rd						Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43221	0 5	1 7	1 7	50.00
Full Name of Contributor					ber, if PA	
Kyle Strickland						
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
91 W Starr Ave, Apt F	' ' '	_				Credit Card
City	State	Zip Code	М	D	ΙΥ	Amount
Columbus	ОН	43201	0 5		1 7	50.00
Full Name of Contributor		1 40201			ber, if PA	
Andrew Haas			l egistra			
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1505 W 3rd St, Apt 21	Simpleyer occup	anon Baoor Organization				Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43212	0 5		1 7	25.00
Full Name of Contributor	10 11	40212		_	ber, if PA	
Douglas Craven			/ Ugistra			
Street Address	Employer Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)
674 River Trace	Zinpioyer Geeup	ation bassi Organization				Credit Card
City	State	Zip Code	Тм	D	Y	Amount
Westerville	OH	43081	1		$\begin{bmatrix} 1 & 7 \end{bmatrix}$	25.00
Full Name of Contributor	10 11	43001				
ull Name of Contributor Registration Number, if PAC Haley Callahan						
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2319 Swansea Rd	imployer Geeup	ation/Labor Organization				Credit Card
City	State	Zip Code	М	D	Y	Amount
Upper Arlington	OH	1 '				
Full Name of Contributor	10 11	43221			1 7 ber, if PA	
			Registra	ition Num	iber, ir i A	i.C
Alyson Rowse Street Address	Employer Occurs	otion/Lohor O-voui-otion*				Form (Cash, Check, etc.)
	Employer Occupation/Labor Organization*					
1228 Harrison ave	Contract	Zip Code	Li	I n	Y	Credit Card
1 -	State O H	1 '	M	D		Amount
Columbus Full Name of Contributor	IO H	43201	0 5		1 7	25.00
			Registra	mon num	ber, if PA	
Elizabeth Shirey Street Address	Employee Or	ation/Labor Or				Form (Cash, Check, etc.)
	Employer Occupation/Labor Organization*					
2909 Indianola Ave	C4	Zin Codo	Т.,	Ιn	ΙΥ	Credit Card
Columbus	State H	Zip Code	M -	D 1 7		Amount 100 00
Columbus	JO H	43202	0 5	1 7	1 7	100.00

Page Total \$ 325.00

^{*} 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)]