

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss									
Full Name of Contributor Joseph Henry						Registration Number, if PAC			
Street Address 195 N 21st St			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H	Zip Code 43203	M 0	D 5	Y 1	Y 7	Y 1	Y 7
						Amount 25.00			
Full Name of Contributor Sarah Welch						Registration Number, if PAC			
Street Address 2586 Wickliffe Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H	Zip Code 43221	M 0	D 5	Y 1	Y 7	Y 1	Y 7
						Amount 50.00			
Full Name of Contributor Kyle Strickland						Registration Number, if PAC			
Street Address 91 W Starr Ave, Apt F			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H	Zip Code 43201	M 0	D 5	Y 1	Y 7	Y 1	Y 7
						Amount 50.00			
Full Name of Contributor Andrew Haas						Registration Number, if PAC			
Street Address 1505 W 3rd St, Apt 21			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H	Zip Code 43212	M 0	D 5	Y 1	Y 7	Y 1	Y 7
						Amount 25.00			
Full Name of Contributor Douglas Craven						Registration Number, if PAC			
Street Address 674 River Trace			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O	H	Zip Code 43081	M 0	D 5	Y 1	Y 7	Y 1	Y 7
						Amount 25.00			
Full Name of Contributor Haley Callahan						Registration Number, if PAC			
Street Address 2319 Swansea Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O	H	Zip Code 43221	M 0	D 5	Y 1	Y 7	Y 1	Y 7
						Amount 25.00			
Full Name of Contributor Alyson Rowse						Registration Number, if PAC			
Street Address 1228 Harrison ave			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H	Zip Code 43201	M 0	D 5	Y 1	Y 7	Y 1	Y 7
						Amount 25.00			
Full Name of Contributor Elizabeth Shirey						Registration Number, if PAC			
Street Address 2909 Indianola Ave			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H	Zip Code 43202	M 0	D 5	Y 1	Y 7	Y 1	Y 7
						Amount 100.00			

* 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 \$ 325.00