

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Burris for Trustee									
Full Name of Contributor Robert Jackson						Registration Number, if PAC			
Street Address 1880 Seaside Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 1	Amount 50.00			
Full Name of Contributor Michael Moncman						Registration Number, if PAC			
Street Address 4717 Nicholas Point Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 1	Amount 50.00			
Full Name of Contributor Gary Gabriel						Registration Number, if PAC			
Street Address P.O. Box 446			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 1	Amount 100.00			
Full Name of Contributor Jeffrey Ogden						Registration Number, if PAC			
Street Address 2782 Annabelle Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 1	Amount 25.00			
Full Name of Contributor David Cox						Registration Number, if PAC			
Street Address 1038 Carnoustie Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 1	Amount 50.00			
Full Name of Contributor Ronald Long						Registration Number, if PAC			
Street Address 3676 Zuber Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Orient	State O H	Zip Code 43146	M 0	D 8	Y 1	Amount 50.00			
Full Name of Contributor Randall Mosher						Registration Number, if PAC			
Street Address 1118 Carnoustie Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 1	Amount 50.00			
Full Name of Contributor George Thomas						Registration Number, if PAC			
Street Address 7731 Hayden Run Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0	D 8	Y 1	Amount 50.00			

* 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 \$ 425.00