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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Burris for Trustree			
Full Name of Contributor		Registration Number, if F	PAC
Robert Jackson			
Street Address	Employer/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)
1880 Seaside Circle			Check
City	State Zip Code	M D Y	Amount
	O H 43123	0 8 1 5 0 5	9 50.00
Grove City Full Name of Contributor		Registration Number, if I	
Michael Moncman	Employer/Occupation/Labor Orga	anization*	Form (Cash, Check, etc.)
Street Address	Employer, Goodpanote and a seg		Check
4717 Nicholas Point Drive	State Zip Code	M D Y	Amount
City	O H 43123	0 8 1 5 0	N 1
Grove City		Registration Number, if	
Full Name of Contributor		ittegistration i vomosi, ii i	
Gary Gabriel	T 1	naization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Org	anzauni ·	Check
P.O. Box 446		M D Y	Amount
City	State Zip Code	1 " 1 1	8
Grove City	O H 43123	0 8 1 5 0 Registration Number, if	
Full Name of Contributor		Registration Number, if	PAC
Jeffrey Ogden			
Street Address	Employer/Occupation/Labor Org	ganization*	Form (Cash, Check, etc.)
2782 Annabelle Court			Check
City	State Zip Code	M D Y	Amount
Grove City	O H 43123	0 8 1 5 0	
Full Name of Contributor		Registration Number, if	PAC
David Cox			
Street Address	Employer/Occupation/Labor Org	gamization*	Form (Cash, Check, etc.)
1038 Carnoustie Circle			Check
City	State Zip Code	M D Y	Amount
Grove City	O H 43123	0 8 1 5 0	9 50.00
Full Name of Contributor		Registration Number, if	PAC
Ronald Long			
Street Address	Employer/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)
3676 Zuber Road			Check
City	State Zip Code	M D Y	Amount
Orient	O H 43146	0 8 1 5 0	9 50.00
Full Name of Contributor		Registration Number, if	
Name of the state			
Randall Mosher	Employer/Occupation/Labor Or	reanization*	Form (Cash, Check, etc.)
Street Address	Limployer/Occupations Labor O.	Source 1 - 1	Check
1118 Carnoustie Circle	State Zip Code	M D Y	
City		$\begin{bmatrix} 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 5 & 0 \end{bmatrix}$	
Grove City	O H 43123	Registration Number, it	
Full Name of Contributor		ixegistration runnoci, ii	* * * * ***
George Thomas	70.00	l	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Or	gamzanon.	Check
7731 Hayden Run Road		IM ID IY	
City	State Zip Code		
Hilliard	O H 43026	0 8 1 5 0	9 50.00

Page Total \$ 425.00

^{*} 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)]