

Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss									
Full Name of Contributor Morgan Sprosty						Registration Number, if PAC			
Street Address 6997 Breckton Pl			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City New Albany	State O H	Zip Code 43054	M 0 7	D 2 0	Y 1 7	Amount 50.00			
Full Name of Contributor Kelsey Bye						Registration Number, if PAC			
Street Address 1201 Melville Sq, Unit 308			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Richmond	State C A	Zip Code 94804	M 0 7	D 2 1	Y 1 7	Amount 250.00			
Full Name of Contributor Samantha Makar						Registration Number, if PAC			
Street Address 1146 Eastfield Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Worthington	State O H	Zip Code 43085	M 0 7	D 2 3	Y 1 7	Amount 25.00			
Full Name of Contributor Elsbeth Gibb						Registration Number, if PAC			
Street Address 48 W 138th St, Apt 3G			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City New York	State N Y	Zip Code 10037	M 0 7	D 2 4	Y 1 7	Amount 50.00			
Full Name of Contributor Susan Ralph						Registration Number, if PAC			
Street Address 4090 Bayberry Ct			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O H	Zip Code 43220	M 0 7	D 2 6	Y 1 7	Amount 100.00			
Full Name of Contributor Michael Schottenstein						Registration Number, if PAC			
Street Address 226 S Cassingham			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Bexley	State O H	Zip Code 43209	M 0 7	D 2 7	Y 1 7	Amount 50.00			
Full Name of Contributor Martin Stone						Registration Number, if PAC			
Street Address 4113 Oliver St			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Chevy Chase	State M D	Zip Code 20815	M 0 7	D 2 8	Y 1 7	Amount 100.00			
Full Name of Contributor Samuel Bolam						Registration Number, if PAC			
Street Address 1717 E Capitol St SE, Apt 431			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Washington	State D C	Zip Code 20003	M 0 7	D 3 0	Y 1 7	Amount 25.00			

* 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)]