

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Carl D Buenger					Registration Number, if PAC		
Street Address 4311 Indianapolis Ave, Apt 2021		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 4	D 1 1	Y 1 7	Amount 50.00	
Full Name of Contributor Jean S Wentzel					Registration Number, if PAC		
Street Address PO Box 20153		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43230	M 0 5	D 0 3	Y 1 7	Amount 50.00	
Full Name of Contributor Tina Maharath					Registration Number, if PAC		
Street Address 6608 Mountain Ash Dr		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 5	D 0 3	Y 1 7	Amount 250.00	
Full Name of Contributor Thomas F McIndoe					Registration Number, if PAC		
Street Address 1211 Kenbrook Hills Dr		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 5	D 0 4	Y 1 7	Amount 100.00	
Full Name of Contributor Nadine A Block					Registration Number, if PAC		
Street Address 3175 Tremont Rd, Unit 514		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 5	D 0 4	Y 1 7	Amount 100.00	
Full Name of Contributor Julia H Wynn					Registration Number, if PAC		
Street Address 1304 Bluff Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grandview	State O H	Zip Code 43212	M 0 5	D 2 2	Y 1 7	Amount 25.00	
Full Name of Contributor Phyllis M Elmo					Registration Number, if PAC		
Street Address 482 Piedmont Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 5	D 2 2	Y 1 7	Amount 75.00	
Full Name of Contributor Sally W Bloomfield					Registration Number, if PAC		
Street Address 3741 Romnay Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 5	D 2 2	Y 1 7	Amount 250.00	

* 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)]