Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		 .					
Citizens for Burriss							
Full Name of Contributor			Registra	Registration Number, if PAC			
Ed Sweeney			registra				
Street Address	Employer Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
	Employer Occup	ation/Labor Organization					
3801 Norbrook Dr	- C	Zip Code	177		Ιν	Credit Card	
City	State H	J.	M	D	Y	Amount	
Columbus	O H	43220	0 6		1 7	25.00	
Full Name of Contributor			Registra	ition Num	ber, ii PA	C	
Aryeh Alex							
Street Address	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1952 Harrisburg Pike				··r		Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Grove City	ОН	43123	0 6	2 0	1 7	25.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	C	
Gerald Hathaway							
Street Address	Employer Occupation/Labor Organization*				-	Form (Cash, Check, etc.)	
415 E 54th St <u>,</u> Apt 25C						Credit Card	
City	State	Zip Code	M	D	Y	Amount	
New York	N Y	10022	0 6	2 0	1 7	250.00	
Full Name of Contributor	······································	<u> </u>		tion Num	ber, if PA	С	
Margaret Robinson							
Street Address	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2716 Martin Rd						Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Zainesville	ОН	43701	0 6	2 6	1 7	25.00	
Full Name of Contributor		10,01		tion Num			
Pete Bucher							
Street Address	Employer Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
884 W 9th Ave	[, , , , , , , , , , , , , , , , , ,	- 2.				Credit Card	
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43212	0 6	1	$\begin{bmatrix} 1 & 7 \end{bmatrix}$	25.00	
Full Name of Contributor	1.0 11	10212		tion Num			
Lindsey Herlehy			, regiona				
Street Address	Employer Occur	oation/Labor Organization*	<u></u> _			Form (Cash, Check, etc.)	
1817 2nd Pl	Employer Occupation/12a001 Organization					Credit Card	
City	State	Zip Code	М	D	Y	Amount	
•		(0174	j				
Saint Charles Full Name of Contributor	I L	60174	U 6	2 8	1 /	100.00	
i e			Kegistra	mon inum	ber, ii PA	C	
Amy Guilford	Is a second					5" (C.) (I.)	
Street Address	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3028 Mabel Court		Tax or t		1 5	1 17	Credit Card	
City	State	Zip Code	M	D	Υ _	Amount	
Cleveland	ОН	44113	0 6			100.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	C	
Tom Price			L				
Street Address	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)		
8065 Surbey Ave NW						Credit Card	
City	State	Zip Code	М	D	Y	Amount	
North Canton	ОН	44720	0 6	2 9	1_7	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)]

Page Total \$ 800.00