

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Burris for Trustee									
Full Name of Contributor William Wise						Registration Number, if PAC			
Street Address 2458 Hickorybend Ct.			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 Leslie Bostic						Registration Number, if PAC			
Street Address 1898 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 100.00			
Full Name of Contributor Steven Funk						Registration Number, if PAC			
Street Address 1263 White Road			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 Karen Holinga						Registration Number, if PAC			
Street Address 4523 Hirth Hill Road East			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 Susan Castle						Registration Number, if PAC			
Street Address 4981 Julia Ann 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 Rodney Evans						Registration Number, if PAC			
Street Address 2464 Martha's Wood Ct.			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 Randy Holt						Registration Number, if PAC			
Street Address 2454 Martha's Wood Ct			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 60.00			
Full Name of Contributor Robert Lewis						Registration Number, if PAC			
Street Address 4434 Clark Place			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			

* 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 \$ **485.00**