

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Jodene Maxwell Scarbrough					Registration Number, if PAC		
Street Address 2790 Alliston Ct		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 100.00	
Full Name of Contributor Diance Sturges					Registration Number, if PAC		
Street Address 1622 Cambrudge Blvd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 6	D 0 1	Y 1 7	Amount 25.00	
Full Name of Contributor James I Prater					Registration Number, if PAC		
Street Address 2000 Malvern Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 1	Y 1 7	Amount 50.00	
Full Name of Contributor Launch Progress Political Action Committee					Registration Number, if PAC OH1571		
Street Address 571 Eastern Parkway, Apt 2		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Brooklyn	State N Y	Zip Code 11216	M 0 6	D 0 5	Y 1 7	Amount 250.00	
Full Name of Contributor John T Conroy					Registration Number, if PAC		
Street Address 1440 Montcalm Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 3 0	Y 1 7	Amount 50.00	
Full Name of Contributor Alexandra Kass					Registration Number, if PAC		
Street Address 975 S Wall St, Apt 3B		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 6	D 3 0	Y 1 7	Amount 50.00	
Full Name of Contributor Robert H Wilson					Registration Number, if PAC		
Street Address 1350 Neil Ave, Apt C		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 6	D 3 0	Y 1 7	Amount 50.00	
Full Name of Contributor Michael Schadek					Registration Number, if PAC		
Street Address 1537 Guilford Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 3 0	Y 1 7	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)]