

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Burriss									
Full Name of Contributor Rachel R Coyle						Registration Number, if PAC			
Street Address 221 S Sylvan Ave			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H H	Zip Code 43204	M 0	D 8	Y 1	Amount 100.00		
Full Name of Contributor Kurt Hofer						Registration Number, if PAC			
Street Address 6450 Mardon Dr			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Painesville	State O	H H	Zip Code 44077	M 0	D 8	Y 2	Amount 25.00		
Full Name of Contributor Christine Emch						Registration Number, if PAC			
Street Address 4109 Spice Market S			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H H	Zip Code 43221	M 0	D 8	Y 2	Amount 25.00		
Full Name of Contributor Rob Dorans						Registration Number, if PAC			
Street Address 146 E 4th Ave			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H H	Zip Code 43201	M 0	D 8	Y 2	Amount 50.00		
Full Name of Contributor Matthew Jolson						Registration Number, if PAC			
Street Address 1358 Cambridge Blvd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H H	Zip Code 43212	M 0	D 8	Y 2	Amount 50.00		
Full Name of Contributor James Fronk						Registration Number, if PAC			
Street Address 2134 Oakmount Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O	H H	Zip Code 43221	M 0	D 8	Y 2	Amount 25.00		
Full Name of Contributor Matthew McClellan						Registration Number, if PAC			
Street Address 1673 Essex Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O	H H	Zip Code 43221	M 0	D 8	Y 2	Amount 100.00		
Full Name of Contributor Stephen Jay						Registration Number, if PAC			
Street Address 2815 Doncaster Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O	H H	Zip Code 43221	M 0	D 8	Y 3	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)]

Page Total \$ 400.00