

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Mary Burcham						
Full Name of Contributor Jodelle M. D'Amico				Registration Number, if PAC		
Street Address 7110 East Livingston Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 0	Amount \$70.00
Full Name of Contributor Howard R. Whitney				Registration Number, if PAC		
Street Address 205 Windsor Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Tom Boder				Registration Number, if PAC		
Street Address 248 Kingsmeadow Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 0	Amount \$35.00
Full Name of Contributor Dora Caldwell				Registration Number, if PAC		
Street Address 443 Dover Pond Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Blacklick	State OH	Zip Code 43004	M 0	D 9	Y 0	Amount \$300.00
Full Name of Contributor Barth R. Cotner				Registration Number, if PAC		
Street Address 1439 Jackson Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Price K. Snyder				Registration Number, if PAC		
Street Address 7125 Golding Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 0	Amount \$20.00
Full Name of Contributor Nadine R. Morse				Registration Number, if PAC		
Street Address 6623 Forrester Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 0	Amount \$15.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

* 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 also appear. [R.C. 3517.10(B)(4)]