

Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Robert Murray					Registration Number, if PAC		
Street Address 1629 Berkshire Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 0	D 9	Y 2	Amount 100.00	
Full Name of Contributor Bonnie Yerkes					Registration Number, if PAC		
Street Address 1994 Inchcliff Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 9	Y 2	Amount 25.00	
Full Name of Contributor Nancy Kaufmann					Registration Number, if PAC		
Street Address 4047 Park Ln		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43220	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Justin Adkins					Registration Number, if PAC		
Street Address 163 W Kanawha		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Andrew Dodson					Registration Number, if PAC		
Street Address 514 Radar Alley		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor James Burkey					Registration Number, if PAC		
Street Address 1430 Montcalm Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Martha Worth					Registration Number, if PAC		
Street Address 1517 Westminster Dr		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Upper Arlington	State O H	Zip Code 43221	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Amy Guilford					Registration Number, if PAC		
Street Address 3028 Mabel Ct		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Cleveland	State O H	Zip Code 44113	M 1	D 0	Y 0	Amount 75.00	

* 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 \$ 550.00