

Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss									
Full Name of Contributor Kathy A Panning						Registration Number, if PAC			
Street Address 1990 Upper Chelsea Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 9	Y 1	Amount 25.00		
Full Name of Contributor Diane C Reichwein						Registration Number, if PAC			
Street Address 1963 M Devon Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43212	M 0	D 9	Y 1	Amount 25.00		
Full Name of Contributor Kathy A Chene						Registration Number, if PAC			
Street Address 1587 Cardiff Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington	State O	H H	Zip Code 43221	M 0	D 9	Y 1	Amount 25.00		
Full Name of Contributor Patricia H Cloppert						Registration Number, if PAC			
Street Address 1940 Ridgeview Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington	State O	H H	Zip Code 43221	M 0	D 9	Y 1	Amount 100.00		
Full Name of Contributor Claudia Y W Herrold						Registration Number, if PAC			
Street Address 1816 Cambridge Blvd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43212	M 0	D 9	Y 1	Amount 100.00		
Full Name of Contributor Manfred Luttinger						Registration Number, if PAC			
Street Address 2326 Brandon Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 9	Y 1	Amount 100.00		
Full Name of Contributor Randall M Walters						Registration Number, if PAC			
Street Address 4137 Clairmont Rd			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43220	M 0	D 9	Y 1	Amount 100.00		
Full Name of Contributor Barbara A Falkenberg						Registration Number, if PAC			
Street Address 2501 Onandaga Dr			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 9	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 \$ 525.00