Page 2	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		·					
Name of Committee in Full							
Citizens for Burriss							
Full Name of Contributor	Registration Number, if			ber, if PA	.C		
Mary Laird Duchi							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2744 Coventry Rd			Check				
City	State	Zip Code	M	D	Y	Amount	
Columbus	I O H	43221	1 0	2 4	1 7		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Daniel Todd Fuhrman							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	heck, etc.)
1598 College Hill Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OH	43221	1 0	2 4	17		50.00
Full Name of Contributor			Registration Number, if PAC				
Linda Moulakis							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)
4120 Mumford Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43220	$1 \mid 0$	2 4	1 7		25.00
Full Name of Contributor		10220		tion Num		c	
Jennifer Pick			ľ		ŕ		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)
2083 Fontenay Pl	Employer occupation bacor organization			1	Check		
City	State	Zip Code	I M	D	Y	Amount	
Columbus	ОН	43220	1 0	1 .	1 7		250.00
Full Name of Contributor		10220		tion Num			250.00
Angela May Mergenthaler			i i i i i i i i i i i i i i i i i i i		003, 11 7 7 7		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	heck etc.)
	Employer/Occupation/Labor Organization*		Check				
3412 Leighton Rd	State	Zip Code	T M	D	Y	Amount	
-	1 - 11		1		1 7	Annount	25.00
Columbus Full Name of Contributor	ОН	43221	1 0	2 4 tion Num			23.00
			Registia	uon Num	bei, ii ra	C	
Vincent Coleman	F1	and a first of the second and the second				Form (Cook C	haak ata)
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1002 Bryden Rd, Apt C1		Ta: 0.1	- T 37	1 5	1 2	Check	
City	State O H	Zip Code	M	D	Y	Amount	20.00
Columbus	I O H	43205		2 4			30.00
Full Name of Contributor			Kegistra	tion Num	ber, ii PA	C	
Jeanette Jamison						T (0.1.0)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	
5617 Excalibur Pl				,		Credit	Card
City	State	Zip Code	М	D	Υ	Amount	
Columbus	I O I H	H 43235 1 0 2 0 1 7 25.00					
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Linda Culbertson							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2338 Wickliffe Rd				Credit Card			
City	State	Zip Code	М	D	Y	Amount	
Upper Arlington	O H	43221	1 0	2 1	1 7	L	25.00
					3.4	0.1	

* 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 \$	480.00