## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	2.2300.0000,							
Name of Committee in Full								
Burris for Trustree			D	\TL	or jeda/	7		
Full Name of Contributor	Registration Number, if PAC				<u>.</u>			
Donald Furci						E/Cods Cho	ols etc.)	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2252 Birch Bark Trail						Check		
City	State	Zip Code	M	D	Y	Amount	ጣሮ ሰለ	
Grove City	0 H	43123	0 8		0 9		25.00	
Full Name of Contributor			Registrat	tion Numb	er, if PA	С		
Todd Perigo								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1849 Autumn Wind Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
•	OIH	43123	0 8	1 6	0 9		50.00	
Grove City Full Name of Contributor				tion Numl	oer, if PA	C		
			200000000000000000000000000000000000000					
T. Scott Randall Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
	- Project a very	ű.				Check		
5902 Birchbark Circle	State	Zip Code	М	D	Y	Amount		
City	lo I H	43123	0 8	1 3	019		75.00	
Grove City		"Est Land		tion Num	L.	\С		
Full Name of Contributor								
Raymond Baer	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Street Address	Етрюует Оссиранов Главог Огданганов			Check				
5964 Borror Road	Str	Zip Code	M	D	Y	Amount		
City	State	1	0 8	1 .	l .	8	25.00	
Grove City		43123		ation Num			600 0 O	
Full Name of Contributor			Registra	ation Ivan	ioci, n i r	10		
Gregory Grinch						Form (Cash, Cl	neck etc.)	
Street Address	Employer/Occupation/Labor Organization*			E .	icck, ctc.)			
2560 Bryan Circle				T =	1 17	Check		
City	State	Zip Code	M	D	Y	Amount	E0 00	
Grove City	O H	43123	0 8	maden som men state state of the state of th	en la companya de la		50.00	
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC		
Marvin Holt								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2915 Buxton Lane						Check		
City	State	Zip Code	M	D	Y	Amount		
Grove City	OH	43123	0 8	3 1 5	0 9	)	25.00	
Full Name of Contributor			Registr	ration Nur	nber, if P	AC		
Barry Fisher								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
						Check		
1290 Wild Horse Drive	State	Zip Code	М	D	Y	Amount		
City	0   H	1 -	018	3 1 4	019	9	25.00	
Grove City		TO Law		ration Nu				
Full Name of Contributor			3		•			
Lloyd Sheets	E1/0	mation/Lahor Organization*				Form (Cash, C	Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				Cash			
		[Z. C.1.	M	D	Y	Amount		
City	State	Zip Code	1 .		1 .	9	25.00	
		didates. If contributor is self-e		8 2 5			الله لاست	
\$100 to state \$100 to state \$100 to \$1	side and general assembly can	didates. If contributor is self-e	mployed, the	e occupati	on and th	e hame of the		

CALLED CONTRACTOR OF CHICAGO	MANAGEMENT CONTRACTOR OF THE PROPERTY OF THE P
Page Total S	300.00

<sup>\*</sup> 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)]