

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Burris for Trustree									
Full Name of Contributor Donald Furci						Registration Number, if PAC			
Street Address 2252 Birch Bark Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 2	Y 0 9	Amount 25.00			
Full Name of Contributor Todd Perigo						Registration Number, if PAC			
Street Address 1849 Autumn Wind Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 6	Y 0 9	Amount 50.00			
Full Name of Contributor T. Scott Randall						Registration Number, if PAC			
Street Address 5902 Birchbark Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 3	Y 0 9	Amount 75.00			
Full Name of Contributor Raymond Baer						Registration Number, if PAC			
Street Address 5964 Borrer Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 9	Y 0 9	Amount 25.00			
Full Name of Contributor Gregory Grinch						Registration Number, if PAC			
Street Address 2560 Bryan Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 5	Y 0 9	Amount 50.00			
Full Name of Contributor Marvin Holt						Registration Number, if PAC			
Street Address 2915 Buxton Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 5	Y 0 9	Amount 25.00			
Full Name of Contributor Barry Fisher						Registration Number, if PAC			
Street Address 1290 Wild Horse Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 4	Y 0 9	Amount 25.00			
Full Name of Contributor Lloyd Sheets						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City	State	Zip Code	M 0 8	D 2 5	Y 0 9	Amount 25.00			

* 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 \$ **300.00**