

Statement of Contributions Received

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss							
Full Name of Contributor Mohamed Al-Hamdani					Registration Number, if PAC		
Street Address 26 Hawthorn St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dayton	State O H	Zip Code 45402	M 0 7	D 3 1	Y 1 7	Amount 100.00	
Full Name of Contributor Robert Doersam					Registration Number, if PAC		
Street Address 294 Wyandotte Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43202	M 0 8	D 0 1	Y 1 7	Amount 25.00	
Full Name of Contributor Mike Corey					Registration Number, if PAC		
Street Address 256 Lansing St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 0 8	D 0 2	Y 1 7	Amount 50.00	
Full Name of Contributor Christopher Hodges					Registration Number, if PAC		
Street Address 5229 Scioto Darby Rd		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Hilliard	State O H	Zip Code 43026	M 0 8	D 0 3	Y 1 7	Amount 25.00	
Full Name of Contributor Phillip Leppla					Registration Number, if PAC		
Street Address 27 W McPherson St		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dayton	State O H	Zip Code 45405	M 0 8	D 0 3	Y 1 7	Amount 50.00	
Full Name of Contributor Coonor Bethal					Registration Number, if PAC		
Street Address 735 Boylston Ave E		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Seattle	State W A	Zip Code 98102	M 0 8	D 0 3	Y 1 7	Amount 25.00	
Full Name of Contributor Justin Adkins					Registration Number, if PAC		
Street Address 163 W Kanawha Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43214	M 0 8	D 0 3	Y 1 7	Amount 50.00	
Full Name of Contributor David Farshchian					Registration Number, if PAC		
Street Address 38227 Woodside Ave		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Willoughby	State O H	Zip Code 44090	M 0 8	D 0 8	Y 1 7	Amount 100.00	

* 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)]