



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Susan Hatten			Registration Number, if PAC	
Street Address 2138 Elgin Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/16/2019	Amount 10.00
Full Name of Contributor Elizabeth Hall			Registration Number, if PAC	
Street Address 3810 Walhaven Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/16/2019	Amount 25.00
Full Name of Contributor Erin Giandomenico			Registration Number, if PAC	
Street Address 990 N 4th St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 10/16/2019	Amount 20.00
Full Name of Contributor Kevin Flanagan			Registration Number, if PAC	
Street Address 100 Grand Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Oakland	State CA	Zip Code 94612	Date (MM/DD/YYYY) 10/16/2019	Amount 100.00
Full Name of Contributor Megan Farber			Registration Number, if PAC	
Street Address 1785 Westwood Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/16/2019	Amount 20.00

*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 also appear. [R.C. 3517.10(B)(4)]