



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Margaret Robinson			Registration Number, if PAC	
Street Address 435 Westview Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Zanesville	State OH	Zip Code 43701	Date (MM/DD/YYYY) 08/31/2019	Amount 15.00
Full Name of Contributor Catherine Donovan			Registration Number, if PAC	
Street Address 827 Nutmeg Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Findlay	State OH	Zip Code 45840	Date (MM/DD/YYYY) 09/02/2019	Amount 250.00
Full Name of Contributor Lindsey Herlehy			Registration Number, if PAC	
Street Address 1817 2nd Place	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City St. Charles	State IL	Zip Code 60174	Date (MM/DD/YYYY) 09/03/2019	Amount 100.00
Full Name of Contributor Louis Haskell			Registration Number, if PAC	
Street Address 6021 McIntyre Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 09/03/2019	Amount 150.00
Full Name of Contributor Connie Smallwood			Registration Number, if PAC	
Street Address 4121 Edgehill Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/04/2019	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 also appear. [R.C. 3517.10(B)(4)]