



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Samir Dahman			Registration Number, if PAC	
Street Address 1465 Berkshire Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/18/2019	Amount 50.00
Full Name of Contributor Philippe Viray			Registration Number, if PAC	
Street Address 8551 Mansion Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Mentor	State OH	Zip Code 44060	Date (MM/DD/YYYY) 07/19/2019	Amount 250.00
Full Name of Contributor Nadine A. Block			Registration Number, if PAC	
Street Address 3175 Tremont Rd, Unit 514		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/19/2019	Amount 100.0
Full Name of Contributor Jennifer Pick			Registration Number, if PAC	
Street Address 2083 Fontenay Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/22/2019	Amount 200.00
Full Name of Contributor Genevieve Hoffman			Registration Number, if PAC	
Street Address 2099 Guilford Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/22/2019	Amount 250.00

*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)]