



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss					
Full Name of Contributor Lou 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) 09/19/2019	Amount 50.00	
Full Name of Contributor Patricia Hadler				Registration Number, if PAC	
Street Address 1921 Suffolk Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/19/2019	Amount 50.00	
Full Name of Contributor Alicia Adkins				Registration Number, if PAC	
Street Address 5214 Colorado River Trl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Liberty Township	State OH	Zip Code 45011	Date (MM/DD/YYYY) 09/19/2019	Amount 25.00	
Full Name of Contributor Michael McNulty				Registration Number, if PAC	
Street Address 1984 Northwest Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/20/2019	Amount 50.00	
Full Name of Contributor Kate Hathaway				Registration Number, if PAC	
Street Address 415 E 54 St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City New York	State NY	Zip Code 10022	Date (MM/DD/YYYY) 09/20/2019	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)]