



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss					
Full Name of Contributor Karla Gengler-Nowak				Registration Number, if PAC	
Street Address 1861 Kempton Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/09/2019	Amount 50.00	
Full Name of Contributor Susan Eubanks				Registration Number, if PAC	
Street Address 1875 Andover Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/10/2019	Amount 100.00	
Full Name of Contributor Linda Culbertson				Registration Number, if PAC	
Street Address 2338 Wickliffe Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Upper Arlingto	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/11/2019	Amount 50.00	
Full Name of Contributor Brandon Thompson				Registration Number, if PAC	
Street Address 10 Coventry Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 10/14/2019	Amount 50.00	
Full Name of Contributor Sara Smucker				Registration Number, if PAC	
Street Address 2244 Cranford Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/14/2019	Amount 50.00	

*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)]