



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Barbara Emery			Registration Number, if PAC	
Street Address 1991 Suffolk Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2019	Amount 25.00
Full Name of Contributor Katrina Edman			Registration Number, if PAC	
Street Address 1876 Wyandotte Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/11/2019	Amount 100.00
Full Name of Contributor John Varanese			Registration Number, if PAC	
Street Address 1340 Castleton Rd N	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/13/2019	Amount 100.00
Full Name of Contributor Catherine Schilling			Registration Number, if PAC	
Street Address 4570 Coach Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/13/2019	Amount 130.00
Full Name of Contributor Rose Solomon			Registration Number, if PAC	
Street Address 3071 Wareham Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/15/2019	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)]