



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Friends of Ben Leland			Registration Number, if PAC	
Street Address 99 Wetmore Road, Apt H		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 08/06/2019	Amount 50.00
Full Name of Contributor Catherine Lang-Cline			Registration Number, if PAC	
Street Address 3097 Herrick Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/06/2019	Amount 50.00
Full Name of Contributor Phillip Kim			Registration Number, if PAC	
Street Address 287 South Sylvan Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY) 08/06/2019	Amount 50.00
Full Name of Contributor Andrea Hahn-Lawson			Registration Number, if PAC	
Street Address 23841 Greenwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Euclid	State OH	Zip Code 44117	Date (MM/DD/YYYY) 08/06/2019	Amount 50.00
Full Name of Contributor Erin Ryan			Registration Number, if PAC	
Street Address 5591 Bowland Place N		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 08/07/2019	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)]