



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Jeffrey Strasser			Registration Number, if PAC	
Street Address 7778 Riverside Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/31/2019	Amount 50.00
Full Name of Contributor Rachel Coyle			Registration Number, if PAC	
Street Address 1776 King Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 11/04/2019	Amount 50.00
Full Name of Contributor Matthew Jolson			Registration Number, if PAC	
Street Address 1358 Cambridge Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 11/05/2019	Amount 50.00
Full Name of Contributor Michael Joyce			Registration Number, if PAC	
Street Address 2561 Chester Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/20/2019	Amount 50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]