



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
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) 10/15/2019	Amount 100.00
Full Name of Contributor Betsy Sharp			Registration Number, if PAC	
Street Address 265 E Morrill Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43207	Date (MM/DD/YYYY) 10/15/2019	Amount 150.00
Full Name of Contributor Jodene Scarbrough			Registration Number, if PAC	
Street Address 285 Reinhard Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/15/2019	Amount 100.00
Full Name of Contributor Ed Roberts			Registration Number, if PAC	
Street Address 579 E Rich St., Unit 108	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/15/2019	Amount 50.00
Full Name of Contributor Sue Ralph			Registration Number, if PAC	
Street Address 4090 Bayberry Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/15/2019	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)]