



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor UA Progressive Action PAC			Registration Number, if PAC C00403741	
Street Address P.O. Box 21224		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/24/2019	Amount 250.00
Full Name of Contributor Doug Oldham			Registration Number, if PAC	
Street Address 1840 Waltham Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/25/2019	Amount 100.00
Full Name of Contributor Mary Allison Comfort			Registration Number, if PAC	
Street Address 2275 Onandaga Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/25/2019	Amount 250.00
Full Name of Contributor John Arensmeyer			Registration Number, if PAC	
Street Address 3701 Shelter Bay Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Mill Valley	State CA	Zip Code 94941	Date (MM/DD/YYYY) 09/25/2019	Amount 100.00
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) 09/26/2019	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)]