



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss				
Full Name of Contributor Adam Porter			Registration Number, if PAC	
Street Address 1536 Guilford Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/19/2019	Amount 100.00
Full Name of Contributor Stephanie Pierce			Registration Number, if PAC	
Street Address 1480 Windham Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/19/2019	Amount 25.00
Full Name of Contributor Courtney Pearson			Registration Number, if PAC	
Street Address 2027 Wyandotte Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/19/2019	Amount 100.00
Full Name of Contributor Joe Matessa			Registration Number, if PAC	
Street Address 1777 Inchcliff Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/19/2019	Amount 200.00
Full Name of Contributor Kelly Boggs Lape			Registration Number, if PAC	
Street Address 2545 Sandover Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/19/2019	Amount 100.00

\*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)]