



In-Kind Contributions Received

30.34

Page Total \$

Form 31-J-1 R.C. 3517.10

Full Name of Committee Citizens for Burriss						
Full Name of Contributor	T-1117-1-11.	Tr		T=		
Michaela Burriss		Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
	<u> </u>			Date (MM/DD/YYYY)		
Street Address 1976 Northwest Blvd	Description of Item of				Fair Market Value	
	Domain Purc		4		30.34	
City State		Zip Code				
Columbus OH		43212	Yes X No			
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address Description of Item of		m or Service	or Service		Fair Market Value	
City	State	State Zip Code Received at Fundi		ing Event?	<u> </u>	
			☐ Yes ☐ No			
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Ctreet Address Description of Item		m or Service	or Service		Fair Market Value	
City	State	Zip Code	Received at Fundrais	ing Event?		
			☐ Yes ☐ No			
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	et Address Description of Item of		or Service		Fair Market Value	
City	State	Zip Code	Received at Fundrais	ing Event?		
			☐ Yes ☐ No			
Full Name of Contributor		Employer, Occa	Employer, Occupation, Labor Organization* Registration Number, if PAC		if PAC	
Street Address	ddress Description of Item of		or Service		Fair Market Value	
				<u></u>	<u></u>	
City	State	Zip Code	Zip Code Received at Fundraisi		ing Event?	