



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Dave Farschian			Registration Number, if PAC	
Street Address 38227 Woodside Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Willoughby	State OH	Zip Code 44094	Date (MM/DD/YYYY) 08/19/2019	Amount 100.00
Full Name of Contributor Albert J. Siegrist			Registration Number, if PAC	
Street Address 1974 Northwest Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/20/2019	Amount 100.00
Full Name of Contributor Robyn Harper			Registration Number, if PAC	
Street Address 2200 W Lane Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/20/2019	Amount 100.00
Full Name of Contributor Mary Beth Cowardin			Registration Number, if PAC	
Street Address 2675 Kent Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/20/2019	Amount 100.00
Full Name of Contributor Klein Committee			Registration Number, if PAC	
Street Address 545 E. Town St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/20/2019	Amount 250.00

*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)]