



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Andrea Hickman			Registration Number, if PAC	
Street Address 3842 Hillview Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 250.00
Full Name of Contributor Betsy Gillespie			Registration Number, if PAC	
Street Address 2085 Northwest Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/02/2019	Amount 50.00
Full Name of Contributor Geraldine Futrell			Registration Number, if PAC	
Street Address 2284 Haviland Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 50.00
Full Name of Contributor Emily Quick Schriver			Registration Number, if PAC	
Street Address 4075 Longhill Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/03/2019	Amount 75.00
Full Name of Contributor Molly Brennan			Registration Number, if PAC	
Street Address 4575 Burbank Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/03/2019	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)]