



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss				
Full Name of Contributor Joan Mast			Registration Number, if PAC	
Street Address 2733 Wickliffe Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/17/2019	Amount 50.00
Full Name of Contributor Benjamin Pack			Registration Number, if PAC	
Street Address 1860 Tewksbury Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/17/2019	Amount 50.00
Full Name of Contributor Jessie Bradnan			Registration Number, if PAC	
Street Address 38 Middleton Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Painesville	State OH	Zip Code 44077	Date (MM/DD/YYYY) 10/17/2019	Amount 100.00
Full Name of Contributor Andrew Bradnan			Registration Number, if PAC	
Street Address 38 Middleton Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Painesville	State OH	Zip Code 44077	Date (MM/DD/YYYY) 10/17/2019	Amount 100.00
Full Name of Contributor Columbus Franklin County, AFL-CIO PCE			Registration Number, if PAC	
Street Address 1525 Alum Creek Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/18/2019	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)]