

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				***************************************		
Citizens for Burriss						
Full Name of Contributor Registrat					istration Number, if PAC	
Amanda Golden						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
87 N 20th St			Credit Card			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43202	08/01/2019		50.00	
Full Name of Contributor		··		Registration Number	er, if PAC	
Jessie Bradnan						
Street Address	Employer/	Occupation/Labor Org	Form (Cash, Check, etc.)			
38 Middleton Dr				Credit Card		
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Painesville	ОН	44077		08/01/2019	150.00	
Full Name of Contributor	1	.1		Registration Number	er, if PAC	
Justin Adkins						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
163 W Kanawha Ave					Credit Card	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43214	07/31/2019		50.00	
Full Name of Contributor	Registration Numb			er, if PAC		
Betsy Sharp						
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
265 E Morrill Ave		Credit Card				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43207		08/02/2019	100.00	
Full Name of Contributor		Registration Numb			er, if PAC	
William Saam						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4126 Clairmont Rd		Credit Card				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Upper Arlington	ОН	43220	08/02/2019		50.00	

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^{*}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)]