



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Lynn S. Seguin			Registration Number, if PAC	
Street Address 1665 Doone Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/21/2019	Amount 25.00
Full Name of Contributor Matt Keidan			Registration Number, if PAC	
Street Address 3260 Kirkham Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/21/2019	Amount 250.00
Full Name of Contributor Mohamed Al-Hamdani			Registration Number, if PAC	
Street Address 26 Hawthorn Street	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Dayton	State OH	Zip Code 45402	Date (MM/DD/YYYY) 08/21/2019	Amount 250.00
Full Name of Contributor Daniel O'Connor			Registration Number, if PAC	
Street Address 1637 Berkshire Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/23/2019	Amount 250.00
Full Name of Contributor Emily Knowles			Registration Number, if PAC	
Street Address 2351 Kensington Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/23/2019	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)]