



**Statement of Contributions Received**

**Form 31-A**

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss				
Full Name of Contributor Morgan Sprosty			Registration Number, if PAC	
Street Address 743 Sauter Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 09/05/2019	Amount 100.00
Full Name of Contributor Brandon Policicchio			Registration Number, if PAC	
Street Address 2599 Saint Anne Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Centerville	State OH	Zip Code 45458	Date (MM/DD/YYYY) 09/05/2019	Amount 50.00
Full Name of Contributor James Saunders			Registration Number, if PAC	
Street Address 1520 Guilford Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/08/2019	Amount 50.00
Full Name of Contributor JoAnn Prater			Registration Number, if PAC	
Street Address 2000 Malvern Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/08/2019	Amount 100.00
Full Name of Contributor Beryl Oser			Registration Number, if PAC	
Street Address 1885 Edgemont Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/08/2019	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)]