



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss				
Full Name of Contributor Josh Lawson			Registration Number, if PAC	
Street Address 265 Mutual Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Toronto	State ON	Zip Code M4Y1X6	Date (MM/DD/YYYY) 10/04/2019	Amount 250.00
Full Name of Contributor Ronald Kincaid			Registration Number, if PAC	
Street Address 1977 Rosebery Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/04/2019	Amount 100.00
Full Name of Contributor Jill A. Hess			Registration Number, if PAC	
Street Address 2110 Northwest Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/04/2019	Amount 50.00
Full Name of Contributor Michael Hathaway			Registration Number, if PAC	
Street Address 265 Mutual Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Toronto	State ON	Zip Code M4Y1X6	Date (MM/DD/YYYY) 10/04/2019	Amount 250.00
Full Name of Contributor Andrea Hahn-Lawson			Registration Number, if PAC	
Street Address 23841 Greenwood Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Euclid	State OH	Zip Code 44117	Date (MM/DD/YYYY) 10/04/2019	Amount 25.00

\*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)]