



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss					
Full Name of Contributor Gene Warman				Registration Number, if PAC	
Street Address 1320 Marlyn Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/18/2019	Amount 50.00	
Full Name of Contributor Erin Vilardi				Registration Number, if PAC	
Street Address 312 Manhattan Ave, Unit 2K		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City New York	State NY	Zip Code 10026	Date (MM/DD/YYYY) 09/18/2019	Amount 50.00	
Full Name of Contributor Sarah Strasser				Registration Number, if PAC	
Street Address 7778 Riverside Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 09/18/2019	Amount 100.00	
Full Name of Contributor Joanne Strasser				Registration Number, if PAC	
Street Address 106 E Lincoln St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/18/2019	Amount 100.00	
Full Name of Contributor Ellen Rapkin				Registration Number, if PAC	
Street Address 185 Sunset Cove		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 09/18/2019	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)]