



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss				
Full Name of Contributor Kathleen Lach-Rowan			Registration Number, if PAC	
Street Address 3910 Lyons Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/08/2019	Amount 100.00
Full Name of Contributor Joseph Henry			Registration Number, if PAC	
Street Address 195 N 21st Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43203	Date (MM/DD/YYYY) 09/10/2019	Amount 50.00
Full Name of Contributor Sarah Welch			Registration Number, if PAC	
Street Address 2586 Wickliffe Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2019	Amount 100.00
Full Name of Contributor Lynda Wager			Registration Number, if PAC	
Street Address 1838 N Devon Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/11/2019	Amount 50.00
Full Name of Contributor Marianne Mitchell			Registration Number, if PAC	
Street Address 1858 Guilford Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2019	Amount 100.00

\*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)]