



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Carole A. Lunney			Registration Number, if PAC	
Street Address 2393 Beaumont Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/23/2019	Amount 250.00
Full Name of Contributor Andrew F. Hayes			Registration Number, if PAC	
Street Address 2393 Beaumont Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/23/2019	Amount 250.00
Full Name of Contributor Georgia Kaltenbach			Registration Number, if PAC	
Street Address 1668 McCoy Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/24/2019	Amount 250.00
Full Name of Contributor David Donofrio			Registration Number, if PAC	
Street Address 298 Carilla Ln	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 07/27/2019	Amount 25.00
Full Name of Contributor Carole Depaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/27/2019	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)]