



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss				
Full Name of Contributor Molly Hagkull			Registration Number, if PAC	
Street Address 1735 Doone Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/31/2019	Amount 250.00
Full Name of Contributor Ashlie Depinet			Registration Number, if PAC	
Street Address 5522 Rubble Lane.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/31/2019	Amount 25.00
Full Name of Contributor Branden Burns			Registration Number, if PAC	
Street Address 576 Brookpointe Circle	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Northfield	State OH	Zip Code 44067	Date (MM/DD/YYYY) 07/31/2019	Amount 250.00
Full Name of Contributor Laura Moore			Registration Number, if PAC	
Street Address 4380 Lyon Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/01/2019	Amount 50.00
Full Name of Contributor Gerald Hathaway			Registration Number, if PAC	
Street Address 415 E 54 St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City New York	State NY	Zip Code 10022	Date (MM/DD/YYYY) 08/01/2019	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)]