



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Betsy O'Brochta			Registration Number, if PAC	
Street Address 2217 Arlington Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/08/2019	Amount 50.00
Full Name of Contributor Shannon Hemmelgarn			Registration Number, if PAC	
Street Address 2370 Haverford Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/09/2019	Amount 50.00
Full Name of Contributor Petra Hahn			Registration Number, if PAC	
Street Address 23841 Greenwood Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Euclid	State OH	Zip Code 44117	Date (MM/DD/YYYY) 08/09/2019	Amount 250.00
Full Name of Contributor Belinda Watkins			Registration Number, if PAC	
Street Address 209 Silver Bluff St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Holy Springs	State NC	Zip Code 27540	Date (MM/DD/YYYY) 08/12/2019	Amount 100.00
Full Name of Contributor Nancy Kaufmann			Registration Number, if PAC	
Street Address 4047 Park Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/14/2019	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)]