



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss					
Full Name of Contributor Blake Kaplan				Registration Number, if PAC	
Street Address 2759 Chester Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/16/2019	Amount 200.00	
Full Name of Contributor Marc Gofstein				Registration Number, if PAC	
Street Address 1265 Haddon Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/16/2019	Amount 100.00	
Full Name of Contributor Jean Wentzel				Registration Number, if PAC	
Street Address 1178 Francisco Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/18/2019	Amount 50.00	
Full Name of Contributor Will Scarbrough				Registration Number, if PAC	
Street Address 1486 Virginia Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/18/2019	Amount 250.00	
Full Name of Contributor Robert Hamlin				Registration Number, if PAC	
Street Address 1520 Grenoble Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/18/2019	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)]