



**Statement of Contributions Received**

**Form 31-A**

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss				
Full Name of Contributor Ann Gabriel			Registration Number, if PAC	
Street Address 2006 Milden Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/04/2019	Amount 250.00
Full Name of Contributor Normanella Dewille			Registration Number, if PAC	
Street Address 2580 Clairmont Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/04/2019	Amount 50.00
Full Name of Contributor Carolyn Casper			Registration Number, if PAC	
Street Address 2545 Northwest Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/04/2019	Amount 150.00
Full Name of Contributor Franklin County Young Democrats PAC			Registration Number, if PAC	
Street Address 340 E. Fulton St.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/04/2019	Amount 100.00
Full Name of Contributor Columbus/Central Ohio Building & Construction Trades Council			Registration Number, if PAC LA1214	
Street Address 939 Goodale Blvd, Suite 231	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/04/2019	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)]