



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Bill Cochran			Registration Number, if PAC	
Street Address 8700 Arcturus Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Montgomery	State OH	Zip Code 45249	Date (MM/DD/YYYY) 10/20/2019	Amount 20.00
Full Name of Contributor Scott Greytak			Registration Number, if PAC	
Street Address 1364 Kenyon St NW	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Washington	State DE	Zip Code 20010	Date (MM/DD/YYYY) 10/21/2019	Amount 20.00
Full Name of Contributor Catherine Spath			Registration Number, if PAC	
Street Address 2752 Coventry Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/23/2019	Amount 250.00
Full Name of Contributor John Lytle			Registration Number, if PAC	
Street Address 4284 Braunton Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/23/2019	Amount 50.00
Full Name of Contributor Jennifer Schaff			Registration Number, if PAC	
Street Address 3675 Sunset Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/24/2019	Amount 20.00

*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)]