



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Lori Trent			Registration Number, if PAC	
Street Address 2584 Edington Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/04/2019	Amount 30.00
Full Name of Contributor Margaret Seguin			Registration Number, if PAC	
Street Address 1665 Doone 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 25.00
Full Name of Contributor Michael Schottenstein			Registration Number, if PAC	
Street Address 226 S. Cassingham Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/04/2019	Amount 100.00
Full Name of Contributor Michael Schadek			Registration Number, if PAC	
Street Address 129 Arden Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/04/2019	Amount 100.00
Full Name of Contributor Guido Mislin			Registration Number, if PAC	
Street Address 4450 Haverford Court		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 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)]