



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss					
Full Name of Contributor Gregor Gilliom				Registration Number, if PAC	
Street Address 1537 Essex Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/14/2019	Amount 100.00	
Full Name of Contributor Alyson Rowse				Registration Number, if PAC	
Street Address 203 South Wall Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/15/2019	Amount 51.00	
Full Name of Contributor Richard Pontius				Registration Number, if PAC	
Street Address 3841 Patricia Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/15/2019	Amount 100.00	
Full Name of Contributor Peter Lytle				Registration Number, if PAC	
Street Address 3269 Ridgewood Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/15/2019	Amount 100.00	
Full Name of Contributor Beth Liston				Registration Number, if PAC	
Street Address 193 Stratingham Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 08/16/2019	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)]