



**Statement of Contributions Received**

**Form 31-A**

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss					
Full Name of Contributor Kyle Strickland for Ohio				Registration Number, if PAC	
Street Address 222 East Town Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/16/2019	Amount 250.00	
Full Name of Contributor John Hughes				Registration Number, if PAC	
Street Address 2089 Guilford Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/19/2019	Amount 250.00	
Full Name of Contributor Monica Mosure				Registration Number, if PAC	
Street Address 1387 Bryden Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 10/09/2019	Amount 50.00	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	

\*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)]