



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor John Arensmeyer			Registration Number, if PAC	
Street Address 3701 Shelter Bay Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Mill Valley	State CA	Zip Code 94941	Date (MM/DD/YYYY) 10/24/2019	Amount 150.00
Full Name of Contributor Stonewall Democrats of Central Ohio			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) 10/25/2019	Amount 100.00
Full Name of Contributor Mary Lynn			Registration Number, if PAC	
Street Address 2547 N Star Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/25/2019	Amount 50.00
Full Name of Contributor Adam Miller			Registration Number, if PAC	
Street Address 1600 Roxbury Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/30/2019	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address 79 Dakota Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43222	Date (MM/DD/YYYY) 10/30/2019	Amount 50.00

*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)]