



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Mel Klein			Registration Number, if PAC	
Street Address 369 Tappan St, Apt 13		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Brookline	State MA	Zip Code 02445	Date (MM/DD/YYYY) 09/21/2019	Amount 25.00
Full Name of Contributor Christopher Farrar			Registration Number, if PAC	
Street Address 4512 Crompton Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/21/2019	Amount 100.00
Full Name of Contributor Wanda Carter			Registration Number, if PAC	
Street Address 4347 Castleton Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/21/2019	Amount 150.00
Full Name of Contributor Scott Stockman			Registration Number, if PAC	
Street Address 221 S. Sylvan Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY) 09/22/2019	Amount 100.00
Full Name of Contributor Maria Mone			Registration Number, if PAC	
Street Address 2019 Yorkshire Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/22/2019	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)]