



# Statement of Contributions Received

Form 31-A

ORC 3517.10

|   |             |   |                                 |   |
|---|-------------|---|---------------------------------|---|
| <b>Full Name of Committee</b><br>Citizens for Burriss |             |   |                                 |   |
| Full Name of Contributor<br>Josh Lapp                 |             |   | Registration Number, if PAC     |   |
| Street Address<br>273 South 17th Street               |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Credit Card |
| City<br>Columbus                                      | State<br>OH | Zip Code<br>43205                       | Date (MM/DD/YYYY)<br>10/16/2019 | Amount<br>50.00                         |
| Full Name of Contributor<br>Seyla Kramer              |             |   | Registration Number, if PAC     |   |
| Street Address<br>2225 Yorkshire Rd                   |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Check       |
| City<br>Upper Arlington                               | State<br>OH | Zip Code<br>43221                       | Date (MM/DD/YYYY)<br>10/16/2019 | Amount<br>100.00                        |
| Full Name of Contributor<br>Katy Kram                 |             |   | Registration Number, if PAC     |   |
| Street Address<br>4216 Fairfax Dr                     |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Check       |
| City<br>Upper Arlington                               | State<br>OH | Zip Code<br>43220                       | Date (MM/DD/YYYY)<br>10/16/2019 | Amount<br>50.00                         |
| Full Name of Contributor<br>Rana Khalil               |             |   | Registration Number, if PAC     |   |
| Street Address<br>18 Fulton Avenue #31                |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Credit Card |
| City<br>Jersey City                                   | State<br>NJ | Zip Code<br>07305                       | Date (MM/DD/YYYY)<br>10/16/2019 | Amount<br>25.00                         |
| Full Name of Contributor<br>Jeanette Jamison          |             |   | Registration Number, if PAC     |   |
| Street Address<br>4550 State Route 61                 |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>Credit Card |
| City<br>Mt. Gilea                                     | State<br>OH | Zip Code<br>43338                       | Date (MM/DD/YYYY)<br>10/16/2019 | Amount<br>25.00                         |

\*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)]