



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Burriss				
Full Name of Contributor Patricia Phipps			Registration Number, if PAC	
Street Address 322 Township Rd. 1353		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Crown City	State OH	Zip Code 45623	Date (MM/DD/YYYY) 08/02/2019	Amount 50.00
Full Name of Contributor Judy Rojas			Registration Number, if PAC	
Street Address 2533 North Star Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/03/2019	Amount 50.00
Full Name of Contributor Kristan Hastrich Tarrier			Registration Number, if PAC	
Street Address 3830 Lyon Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/03/2019	Amount 50.00
Full Name of Contributor Jarrod Hampshire			Registration Number, if PAC	
Street Address 303 Bittersweet Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Akron	State OH	Zip Code 44333	Date (MM/DD/YYYY) 08/03/2019	Amount 25.00
Full Name of Contributor Ben Tracy			Registration Number, if PAC	
Street Address 2731 Chester Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/04/2019	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)]