



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Martin Cordero			Registration Number, if PAC	
Street Address 1610 McCoy Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/05/2019	Amount 100.00
Full Name of Contributor Martha Worth			Registration Number, if PAC	
Street Address 1517 Westminister Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/06/2019	Amount 50.00
Full Name of Contributor Nick Tuell			Registration Number, if PAC	
Street Address 5048 Karl Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 08/06/2019	Amount 25.00
Full Name of Contributor Laura Oldham			Registration Number, if PAC	
Street Address 1840 Waltham Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/06/2019	Amount 50.00
Full Name of Contributor Cindy Mushrush			Registration Number, if PAC	
Street Address 4137 Clairmont Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/06/2019	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)]