

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Citizens for Burriss					
Full Name of Contributor				Registration Number, if PAC	
Ed Sweeney					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3801 Norbrook Dr.					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Upper Arlington	ОН	43220	08/24/2019		50.00
Full Name of Contributor Registration Number					er, if PAC
Annie Donovan					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1538 W Thorndale Ave					Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Chicago	IL	60660	08/24/2019		25.00
Full Name of Contributor Registration Number					er, if PAC
Danielle Blue					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1625 Guilford Rd					Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Upper Arlington	ОН	43221	08/24/2019		50.00
Full Name of Contributor	tributor Registration Number				
Susan R. Smudz					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4655 Haymarket Ct.					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Upper Arlington	ОН	43220		08/27/2019	250.00
Full Name of Contributor Registration Number					er, if PAC
Gerald J. Girardi					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4655 Haymarket Ct.					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Upper Arlington	OH	43220	08/27/2019		250.00

Page Total 625.00

^{*}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)]