OFFICE OF THE
Ohio Secretary of State

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
Grant Lahmann	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
14053 2nd Ave NW		Credit Card

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Seattle	WA	98177	10/05/2019	50.00

Full Name of Contributor	Registration Number, if PAC
Linda Moulakis	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
4120 Mumford Ct		Credit Card

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Upper Arlington	OH	43220	10/06/2019	50.00

Full Name of Contributor	Registration Number, if PAC
Catherine Brody	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
1894 King Ave		Credit Card

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Upper Arlington	OH	43212	10/07/2019	250.00

Full Name of Contributor	Registration Number, if PAC
Bence Toth	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
4541 Crompton Dr.		Check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Upper Arlington	OH	43220	10/08/2019	100.00

Full Name of Contributor	Registration Number, if PAC
Kim Mermis	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
1938 Belgrave Dr.		Check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Upper Arlington	OH	43220	10/08/2019	250.00

*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)]

Page Total 700.00