



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Patricia Hadler			Registration Number, if PAC	
Street Address 1921 Suffolk Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/14/2019	Amount 50.00
Full Name of Contributor Nicholas DeCenzo			Registration Number, if PAC	
Street Address 1330 West 70th St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Cleveland	State OH	Zip Code 44102	Date (MM/DD/YYYY) 10/14/2019	Amount 50.00
Full Name of Contributor Robert Wilson			Registration Number, if PAC	
Street Address 1607 Rayne Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/15/2019	Amount 75.00
Full Name of Contributor Allyson Wessells			Registration Number, if PAC	
Street Address 2268 Northwest Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/15/2019	Amount 30.00
Full Name of Contributor Weston Taylor			Registration Number, if PAC	
Street Address 923 Summit St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 10/15/2019	Amount 20.00

*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)]