



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss					
Full Name of Contributor Beverly Orazen				Registration Number, if PAC	
Street Address 2651 Kent Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/07/2019	Amount 50.00	
Full Name of Contributor Michelle Montgomery				Registration Number, if PAC	
Street Address 1212 Darcann Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/07/2019	Amount 100.00	
Full Name of Contributor Beau Henry				Registration Number, if PAC	
Street Address 2499 Swansea Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/07/2019	Amount 100.00	
Full Name of Contributor Anthony Caldwell				Registration Number, if PAC	
Street Address 5112 Maple Valley Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 08/07/2019	Amount 50.00	
Full Name of Contributor Erin Beck				Registration Number, if PAC	
Street Address 54 N. Chase Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY) 08/07/2019	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)]