

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	
Kari Rucker					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2359 Canterbury Rd					Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Upper Arlington	ОН	43221	07/31/2019		50.00
Full Name of Contributor	Registration Number				er, if PAC
Meredith Post					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
330 W 4th Street 5					Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Cincinnati	ОН	45202	07/31/2019		25.00
Full Name of Contributor Registration Number					er, if PAC
Janine Moon					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2015 Arlington Ave					Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Upper Arlington	ОН	43212	07/31/2019		25.00
Full Name of Contributor Registration Number					er, if PAC
Safdar Khan					!
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2237 Oxford Road					Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Upper Arlington	ОН	43221		07/31/2019	250.00
rull Name of Contributor Registration Number					er, if PAC
Stella Johnson					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1359 S. 5th St					Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	43207	07/31/2019		25.00

Page Total 375.00

^{*}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)]