



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Katrina Morris			Registration Number, if PAC	
Street Address 1895 Suffolk Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/16/2019	Amount 100.00
Full Name of Contributor Janine Moon			Registration Number, if PAC	
Street Address 2015 Arlington Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/16/2019	Amount 50.00
Full Name of Contributor Chase McConnell			Registration Number, if PAC	
Street Address 1786 Demorest Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 10/16/2019	Amount 100.00
Full Name of Contributor Amy McClurg			Registration Number, if PAC	
Street Address 304 Corning Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Bratenahl	State OH	Zip Code 44108	Date (MM/DD/YYYY) 10/16/2019	Amount 150.00
Full Name of Contributor Sarah McCaig			Registration Number, if PAC	
Street Address 2150 Nayland Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/16/2019	Amount 25.00

*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)]