



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Barbara E. Emery			Registration Number, if PAC	
Street Address 1991 Suffolk Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/27/2019	Amount 50.00
Full Name of Contributor Normanella Dewille			Registration Number, if PAC	
Street Address 2580 Clairmont Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/28/2019	Amount 30.00
Full Name of Contributor William C. Mohr			Registration Number, if PAC	
Street Address 2567 Westmont Blvd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/30/2019	Amount 250.00
Full Name of Contributor Carol Lee Mohr			Registration Number, if PAC	
Street Address 2567 Westmont Blvd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/30/2019	Amount 250.00
Full Name of Contributor Frank Hess			Registration Number, if PAC	
Street Address 2110 Northwest Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/30/2019	Amount 50.00

*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)]