



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor Catherine Kennedy			Registration Number, if PAC	
Street Address 2124 Tremont Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/30/2019	Amount 50.00
Full Name of Contributor Ben Frieman			Registration Number, if PAC	
Street Address 3245 Darby Glen Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/30/2019	Amount 250.00
Full Name of Contributor Lindsey Christ			Registration Number, if PAC	
Street Address 3885 Overdale Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/30/2019	Amount 50.00
Full Name of Contributor Vytautas Aukstuolis			Registration Number, if PAC	
Street Address 1021 S Barton St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Arlington	State VA	Zip Code 22204	Date (MM/DD/YYYY) 07/30/2019	Amount 25.00
Full Name of Contributor Tanya Salyers			Registration Number, if PAC	
Street Address 2015 Harwitch Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/31/2019	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)]