



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor Charles R. Spellman			Registration Number, if PAC	
Street Address 6120 Iroquois Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/10/2017	Amount 50.00
Full Name of Contributor R. Steven Burris			Registration Number, if PAC	
Street Address 4664 Barnwood Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/17/2017	Amount 125.00
Full Name of Contributor Michael R. Linder			Registration Number, if PAC	
Street Address 5300 Meadow Grove Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/08/2017	Amount 100.00
Full Name of Contributor John O. Stotts			Registration Number, if PAC	
Street Address 3518 Southwest Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/17/2017	Amount 100.00
Full Name of Contributor Michael T. Burris			Registration Number, if PAC	
Street Address 2565 Silver Fir Ln.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/16/2017	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)]