JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Burris 4 Trustee				

Full Name of Contributor			Registration Number, if PAC	
Scott McComb				

Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1641 Oxbow Drive				Check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Blacklick	OH	43004	09/12/2017	250.00

Full Name of Contributor			Registration Number, if PAC	
James W. Miller				

Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2227 Stringtown Rd.				Check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Grove City	OH	43123	09/06/2017	25.00

Full Name of Contributor			Registration Number, if PAC	
Cynthia A. Koch				

Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
6738 Harrisburg Lonon Road				Check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Orient	OH	43146	09/17/2017	100.00

Full Name of Contributor			Registration Number, if PAC	
Fredric A. Phillips				

Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1883 Pinnacle West Drive				Check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Grove City	OH	43123	09/17/2017	100.00

Full Name of Contributor			Registration Number, if PAC	
Michael G. Moncman				

Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
4717 Nicholas Pointe Drive				Check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Grove City	OH	43123	09/17/2017	250.00

*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)]

Page Total 725.00