



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Burris 4 Trustee				
Full Name of Contributor Charles R. Lang			Registration Number, if PAC	
Street Address 1751 Hiner Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Orient	State OH	Zip Code 43146	Date (MM/DD/YYYY) 09/17/2017	Amount 2500.00
Full Name of Contributor Robert Sexton			Registration Number, if PAC	
Street Address 1339 Borrer Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/03/2017	Amount 100.00
Full Name of Contributor James Laws			Registration Number, if PAC	
Street Address 2408 Arlington Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/18/2017	Amount 100.00
Full Name of Contributor Laura Brady Lanese			Registration Number, if PAC	
Street Address 4594 Goodman St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/25/2017	Amount 100.00
Full Name of Contributor Jeffrey D. Guminey			Registration Number, if PAC	
Street Address 6300 Marshall Bay 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 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)]

Page Total 2825.00