

JON HUSTED Ohio Secretary of State

Total Outstanding Balance \$ 10,000

Statement of Loans Received

Form 31-C

R.C. 3517.10

| Full Name of Con | nmittee | | | <u> </u> | • | | | | |
|---|---|---|--|---|-----------------------------------|--|--|---------------------------|--------------------|
| Burris 4 Trustee | | | | | | | | | |
| From Whom Received | | | | | | | Prior Amount | Amt. Incurred this Period | |
| David Burris | | | | | | | \$0 | \$10,000 | |
| Street Address | | | | | | | | Outsta | nding Balance |
| 4375 Shirlene Cou | | | | | | \$10,0 | 00 | | |
| City | ty State Zip Code | | | | | | | | |
| Grove City | | он | 43123 | Loans Received This Period | | Payments Received This Period | | | |
| Date of Original Loan (MM/DD/YYYY) | | | Date of Loan (MM/DD/YYYY) Amount | | | Date of Payment (MM/DD/YYYY) Amount | | | |
| | | | 06/13/2017 | 06/13 | /2017 | \$10,000 | | | |
| Registration Number, if PAC | | | | Date of Loan (MM/DD/ | YYYY) | Amount | Date of Payment (MM/DD/YYYY) Amount | | Amount |
| Employer/Occupation/Labor Organization* | | | | Date of Loan (MM/DD/ | YYYY) | Amount | Date of Payment (MM/DD/YYYY) Amount | | Amount |
| From Whom Received | | | | | | | Prior Amount | Amt. Ir | curred this Period |
| Street Address | | | | | | | | Outsta | nding Balance |
| City | | State OH | Zip Code | Loans Received This Period | | | Payments Received This Period | | |
| Date of Original Loan (MM/DD/YYYY) | | | Date of Loan (MM/DD/ | YYYY) | Amount | Date of Payment (MI | M/DD/YYYY) | Amount | |
| Registration Number, if PAC | | | | Date of Loan (MM/DD/ | YYYY) | Amount | Date of Payment (MM/DD/YYYY) Amount | | Amount |
| Employer/Occupation/Labor Organization* | | | | Date of Loan (MM/DD/ | YYYY) | Amount | Date of Payment (Mi | M/DD/YYYY) | Amount |
| * Required for contributi name of the individual's aggregate of \$100, the If a loan is forgiven, writ | business, if labor organi te "Forgiven' | f any, rath zation of v " in the "O | er than employer s which the employee utstanding Balance | hould be listed. If two or es are members, if any, e" space. Transfer total | r more e must al of all loa | employees contrib so appear. [R.C. : ans received this | ute via payroll dedu 3517.10(B)(4)] period to the Statem | ction and ex | r Income |
| (Form No. 31-A-2). Trai Cover page (Form No. 3 | | all payme | ents made in this po | eriod to the Statement o | of Exper | nditures (Form No | . 31-B). Transfer Ou | tstanding B | alance to the |
| Total Prior Amoun | t \$ <u>0</u> | | ···· | | | | | | |
| Total Received This Period \$10,000 | | | | (8 | (also record on Form 31-A-2) | | | | |
| Total Payments Received this Period \$0 | | | | | _ (also record on Form 31-B) | | | | |

(also record on Form 30-A)