



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Houk For Council					
Full Name of Contributor				Registration Number, if PAC	
Alice Sweeley				l	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3816 Lake Cumberland Way				Check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Grove City	ОН	43123	09/09/17		50.00
Full Name of Contributor	ame of Contributor Registration Number				
Kathleen M. Hall	M. Hall				1. p. 4.4
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2177 Birch Bark Trail				Check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Grove City	он	43123		09/11/17	50.00
Full Name of Contributor	Registration Number				er, if PAC
Constance D. Parrett					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6211 Beaver Lake Dr					Check 4.
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Grove City	он	43123	09/11/17		100.00
Full Name of Contributor Registration Number					er, if PAC
Nedia Matthews					
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
5872 Birch Bark Circle					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Grove City	ОН	43123		09/11/17	50.00
Full Name of Contributor	Registration Num				er, if PAC
David J. Downing					ur.o.
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3710 Kersdale Place					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Grove City	ОН	43123	09/11/17		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 275.00