



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Houk For Council				
Full Name of Contributor William S Burke			Registration Number, if PAC	
Street Address 4810 Tayport Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/19/17	Amount 25.00
Full Name of Contributor Richard Brown			Registration Number, if PAC	
Street Address 2290 Stargrass Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/20/17	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

\*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)]