



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Houk For Council				
Full Name of Contributor Benjamin R. Brace			Registration Number, if PAC	
Street Address 4090 Haughn Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/07/17	Amount 250.00
Full Name of Contributor Diana H. Forrester			Registration Number, if PAC	
Street Address 4673 Clayburn Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/07/17	Amount 200.00
Full Name of Contributor Shirley A. Spellman			Registration Number, if PAC	
Street Address 6120 Iroquois Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/07/17	Amount 100.00
Full Name of Contributor Amy N. Gunn			Registration Number, if PAC	
Street Address 2104 Stargrass Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/07/17	Amount 100.00
Full Name of Contributor Jennifer K. Ciotola			Registration Number, if PAC	
Street Address 1134 Carnoustie Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/07/17	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)]