



## **Statement of Contributions Received** at a Social or Fund-Raising Event

R.C. 3517.10(B)

Full Name of Committee					
Houk For Council					
Full Name of Contributor				Registration Number, if PAC	
Contributors of \$ 25 or Less					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
	<b> </b> 			09/28/17	40.00
City		State	Zip Code	Form (Cash, Check, Etc	*
	ď	эн		Cash	
Full Name of Contributor				Registration Number, if PAC	
Gregory L. Dawkins					(1) Wester
Street Address	Employer/C		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4734 Brixston Dr				09/28/17	100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Hilliard		нс.	43026	Check	
Full Name of Contributor				Registration Number, if PAC	
Warren E. Gard					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4125 Arbutus Ave				09/28/17	100.00
City	•	State	Zip Code	Form (Cash, Check, Etc	
Grove City		ОН	43123	Check	
Full Name of Contributor				Registration Number, if PAC	
Laura B. Lanese					ne de
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4594 Goodman St	4 Goodman St			09/28/17	100.00
City	1:	State	Zip Code	Form (Cash, Check, Etc	
Grove City	1	ОН	43123	Check	
Full Name of Contributor				Registration Number, if PAC	
Twinkle R. Schottke					• • •
Street Address	Address Employer/Occupation/Labor Organization		Date (MM/DD/YYYY)	Amount	
4912 McNulty Street				09/28/17	75.00
City		State	Zip Code	Form (Cash, Check, Etc	
Grove City	},	ОН	43123	Check	
* Required for contributions from individuals over \$100	to statewid	le and Ge	eneral Assembly candida	tes. If contributor is self-employe	d the occupation and the

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event 690.00

Total Expenditures This Event

Page Total \$ 415.00

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)]