



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Houk For Council					
Full Name of Contributor Registration					er, if PAC
Kacie D. Waugh					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4867 Snowy Creek Drive					Check
City	State	Zip Code	Date (MM/DD/YYYY) Ar		Amount
Grove City	ОН	43123	09/17/17		50.00
Full Name of Contributor	<u> </u>	<u></u> -		Registration Number	
Mary M. Mulvany					sar.
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4739 Hunting Creek Dr					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Grove City	ОН	43123		09/18/17	25.00
Full Name of Contributor	Registration Numb			er, if PAC	
Jeffrey D. Guminey					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6300 Marshall Bay Circle			Check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Grove City	ОН	43123	09/19/17		25.00
Full Name of Contributor				Registration Numb	er, if PAC
Janet Shailer					44, 44
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6269 Rising Sun Drive					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Grove City	ОН	43123		09/19/17	50.00
Full Name of Contributor	Registration Numb			er, if PAC	
Stephen D. Smith				i.	sue .
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2610 Bryan Circle			Check		
City	State	Zip Code	Date (MM/DD/YYYY) Amount		Amount
Grove City	ОН	43123	09/27/17 100.00		

*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 250.00	Page	Total	250.00	
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