



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee					
Mike Coolman for City Council					
Full Name of Contributor				Registration Number, if PAC	
"CONTRIBUTIONS FROM FORM #3	31_E"				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
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City	State Zip Code Date (MM/DI			DYYYY	Amount
	OH				
Full Name of Contributor			10-29		\$1160.00
Fun Name of Contributor				Registration Number	et, II PAC
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Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	Date (MM/D	DAYYY)	Amount
	OH				
Full Name of Contributor				Registration Number, if PAC	
Street Address Employer/Occupation/Labor Organization*			organization*	<u> </u>	Form (Cash, Check, etc.)
City	State	State Zip Code Date (MM/DD/YYYY)			Amount
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Full Name of Contributor				Registration Number, if PAC	
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City	State	Zip Code	Ta., ansa	22222	Amount
Cny	OH	Zip Code	Date (MM/D	D/YYYY)	Amount
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Full Name of Contributor				Registration Number, if PAC	
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Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
	OH				

\*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)]