

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		
Employer/Occupation/Labor Organization*			L	Form (Cash, Check, etc.)	
				Check	
State	tate Zip Code Date (MM/DD/YYYY)			Amount	
ОН	43110	11-01-17		\$200.00	
	1 10110	1	Registration Numb	المستحدد والمستحدث والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد	
Michael T. Hummel					
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1400 Bowen Rd. Check					
State	Zip Code	Date (MM/DD/YYYY)		Check Amount	
ОН	12110	11_01_17		\$250.00	
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Nicole Spencer					
Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)	
				Cash	
State	Zip Code	Date (MM/DD/YYYY)		Amount	
ОН	43110	11-07-17		\$50.00	
			Registration Number		
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
			•	Check	
State	Zip Code	Date (MM/D	D/YYYY)	Amount	
ОН	43110	11-07-17		\$200.00	
Registration I			Registration Number	ber, if PAC	
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
				Check	
State	Zip Code	Date (MM/DD/YYYY)		Amount	
ОН	43110	11-07-17		\$100.00	
	Employer State OH Employer State OH Employer State OH Employer State OH	Employer/Occupation/Labor O State Zip Code OH 43110 Employer/Occupation/Labor O State Zip Code OH 43110 Employer/Occupation/Labor O State Zip Code OH 43110 Employer/Occupation/Labor O State Zip Code OH 43110	Employer/Occupation/Labor Organization* State Zip Code Date (MM/Did A 3110 11-0 Employer/Occupation/Labor Organization* State Zip Code Date (MM/Did A 3110 11-01- Employer/Occupation/Labor Organization* State Zip Code Date (MM/Did A 3110 11-07- Employer/Occupation/Labor Organization* State Zip Code Date (MM/Did A 3110 11-07- Employer/Occupation/Labor Organization* State Zip Code Date (MM/Did A 3110 11-07- Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) Hard Code Date (MM/DD/YYYY) State Zip Code Date (MM/DD/YYYY) OH 43110 Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) A 3110 Date (MM/DD/YYYY) Final Code Date (MM/DD/YYYY) A 3110 Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) A 3110 Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*	

Page Total \$800.00

^{*}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)]