



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Cathy DeRosa				
Full Name of Contributor Judith Lawson			Registration Number, if PAC	
Street Address 7266 Golden PL	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/13/2017	Amount 100.00
Full Name of Contributor Rachel DeRosa			Registration Number, if PAC	
Street Address 7269 Golden Place	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 07/31/2017	Amount 40.00
Full Name of Contributor Jeffrey Goliver			Registration Number, if PAC	
Street Address 5570 Parker Hill LN	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City 5570 Parker Hill LN	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/05/2017	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]