



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Mike Coolman for City Council				
Full Name of Contributor David & Jackie Marion			Registration Number, if PAC	
Street Address 106 E. Columbus St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10-29-17
				Amount \$ 75.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, Etc) Cash
Full Name of Contributor Robert & Raegene Wood			Registration Number, if PAC	
Street Address 7952 Spring Mill Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10-29-17
				Amount \$ 40.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, Etc) Cash
Full Name of Contributor Katy Santore			Registration Number, if PAC	
Street Address 836 S. Sarwil Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10-29-17
				Amount \$ 50.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, Etc) Cash
Full Name of Contributor Patricia Reade			Registration Number, if PAC	
Street Address 44 S. High St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10-29-17
				Amount \$250.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, Etc) Check
Full Name of Contributor Joseph Wildenbhaier			Registration Number, if PAC	
Street Address 17 WalnutView Ct.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10-29-17
				Amount \$150.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, Etc) Check

* 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)]

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

Total Expenditures This Event

Page Total \$ 565.00