



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Mike Coolman for City Council				
Full Name of Contributor Tanner Stiles			Registration Number, if PAC	
Street Address 6574 St. Paul Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Ashville	State OH	Zip Code 43103	Date (MM/DD/YYYY) 09-15-17	Amount \$100.00
Full Name of Contributor Zella Swindall			Registration Number, if PAC	
Street Address 2286 Williams Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43207	Date (MM/DD/YYYY) 09-15-17	Amount \$75.00
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
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)]