



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Cathy DeRosa				
Full Name of Contributor Gene Oliver			Registration Number, if PAC	
Street Address 7269 Golden Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/02/2017	Amount 25.00
Full Name of Contributor Thomas J Wray JR			Registration Number, if PAC	
Street Address 7257 Golden PL		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/09/2017	Amount 100.00
Full Name of Contributor Sharon L Wray			Registration Number, if PAC	
Street Address 7257 Golden PL		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/09/2017	Amount 100.00
Full Name of Contributor Donna O'Connor			Registration Number, if PAC	
Street Address 5065 Winchell Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/29/2017	Amount 150.00
Full Name of Contributor Raksha Rarekh			Registration Number, if PAC	
Street Address 5582 Parker Hill LN		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/17/2017	Amount 150.00

*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)]