

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Cotter for Community								
full Name of Contributor			Registrati	Registration Number, if PAC				
See attached Spreadsheet								
Street Address	Employer/Oce	n*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
				}				
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occ	n*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor		Registrati	Registration Number, if PAC					
Street Address	Employer/Occ	n*			Form (Cash, Check, etc.)			
						(,,		
City	State	Zip Code	М	D	Υ	Amount		
				1				
Full Name of Contributor			Registrati	on Num	ber, if PA			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registrati	on Num	ber, if PA	С		
Street Address	Employer/Occ	n*		-	Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
City		Zip code		1	1	7 should		
all Name of Contributor Registration					ber, if PA	С		
Street Address	Employer/Occ				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*				•	Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if PAC						C		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
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\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 8,550.00