Page	3_

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full										
People for Cope Full Name of Contributor				D 1		<u>, </u>	CT			
				Kegisir	anon M	umpe	er, if PA	C		
Matthew W. Wirth	le i	10						5 (C C		
Street Address	Employe	r/Occupa	ation/Labor Organization					Form (Cash, Check, etc.)		
3844 S. Lake Road								Check		
City	Sta		Zip Code	M _.	D	-	Y	Amount		
Scottsburg	I	N	47170		3		1 1	100.00		
Full Name of Contributor				Registr	ation N	шпbe	er, if PA	С		
Edward C. Spiker										
Street Address	Employer					Form (Cash, Check, etc.)				
1791 Glenn Avenue							:	Check		
City	Sta	ate	Zip Code	М	D	Т	Y	Amount		
Columbus	$\mid \circ \mid$	Η	43212	1 1	0	8	1 1	250.00		
Full Name of Contributor	Registration Number, it						т, if PA	С		
Street Address	Employer	r/Occupa	ation/Labor Organization					Form (Cash, Check, etc.)		
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City	Sta	ite	Zip Code	М	D	Т	Y	Amount		
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Full Name of Contributor			1	Registr	ation N	umbe	er, if PA	C		
				1108.50			,			
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)		
						orm (Cash, Check, Cic.)				
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eny	1	att	Zip Code	I WI	1 7		1	Amount		
F-IIVCCII						Ļ				
Full Name of Contributor				Registr	ation N	umbe	er, if PA	C		
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)		
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City	Sta	ate	Zip Code	М	D		Y	Amount		
Full Name of Contributor				Registr	ation N	umbe	er, if PA	C		
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)		
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City	Sta	ite	Zip Code	М	D		Y	Amount		
Full Name of Contributor				Registr	ation N	umbe	er, if PA	Ċ		
Street Address	Employer	r/Occupa	ation/Labor Organization				· ·	Form (Cash, Check, etc.)		
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City	Sta	ite	Zip Code	М	D		Y	Amount		
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Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Registr	ation N	umbe	er, if PA	C		
				regisa			,			
Street Address Employer/Occupation/Labor Organization								Form (Cash, Check, etc.)		
	5500 Occupation Labor Organization						· ······ (Casii, Cilcox, Cic.)			
City	Sta	ite	Zip Code	1 14	1 1		V	Amount		
in the second se	312	116	Zip Code	M	D		Υ	Amount		
* Required for contributions over \$100 to statewide and general assembly		7.0			- 1	بلــ	<u> </u>	wa rediina		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 350.00