30-A R.C. 3517.10

Ohio Campaign Finance Report

FILED

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			1	resembed by Secr	etary of Sta	te 3/05						_
Full Name of Committee					-				Registra	tion Num	ber, if Pa	ELECTIC
Citizens for Co	oper									JUH	vu ur	theu HU
Full Name of Candidate												
Kevin P. Coope	r											
Street Address Office Sought									District			
5404 Tara Hill Di	rive						Dublin	Counc	cil			
City								Sı	tate	Zip Cod	e	
Dublin					_			OH		430	17	
Type of Report	Pre-Prin	nary		Post-Primary		Pre-	015 General		Post-Ger	neral		Annual Year
(place X to the left of report	July			August		Sept	ember					Semiannual
type)	Monthly	Monthly		Monthly		Mon	thly		Termination			
Amended Report?		Report Electr							M		D	Y
Yes ✓	No		Yes	✓ No	Date o	f Electi	on	1	1	0	3	1 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 47.94
Total monetary contributions (From Form No. 31-A)	\$
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 47.94
5. Total monetary expenditures (From Form No. 31-B)	\$
6. Balance on hand (line 4 minus line 5)	\$ 47.94
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 740.38
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ ·
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new toans received this period	\$

COMMITS		HIS REPORT IS MADE UND NAS GUILTY OF A FELONY	i /	$\overline{}$	ALSIFICATI	ON. WHOE	ver <u>/</u> 0	/21/20	>/5
rint Name a	nd Title (Treasurer and Deputy T	reasurer only)	Signature	(, - () - (Date	
Contrib	oution	Expenditure		Other			Total		
	pages	pages		pages	1		pages	2	
						L			