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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

				ydaniman magangi			
Name of Committee in Full							
People for Cope						1.0	
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Michael Cope					,		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
4549 Dirham Ln.	retirement of loan			-		150.00	
City	State Zip Code		Receive	Received at Fundraising Event?			
Hilliard	lo I H	43026		] YES		✓ NO	
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising I	Event?	
City	į	F		YES	Ŭ	NO	
Full Name of Contributor	Employer Occ	upation, Labor Organization *	Registra	Registration Number, if PAC			
Tun Name of Contributor	Zimpioyon, ove	Employer, occupation, Labor Organization					
Street Address	Description of	Description of Itom or Coming			Y	Fair Market Value	
Street Address	Description of Item or Service		М	D		Tan Manager Variab	
	Ct-t-	Zip Code	Dogging	ed at Fund	legicina l	Event?	
City	State	Zip Code	Receive	YES	naising i	NO	
			D. J.		.l : C T		
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization * Registration Number, if PAC				AC	
				7	<del></del>	T	
Street Address	Description of	Item or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	Iraising l		
				YES	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	∐NO	
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fund	Iraising	Event?	
				YES		NO	
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registration Number, if PAC				
		•					
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value	
Street Hadress				į			
City	State	Zip Code	Receive	ed at Fund	draising	Event?	
City		E.p cour		YES		NO	
Full Name of Contributor	Employer Occ	unation Labor Organization *	Registr	and and a second	nber if I		
Full Name of Contributor	Employer, occ	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	Description of Item or Service		M	D	ΙΥ	Fair Market Value	
Street Address	Description of item or Service		101	ا	1 1	I all Warket Value	
		2: 0.1	Desir	ed at Fun	<u> </u>	E.cont?	
City	State	Zip Code	Receive	YES	araising	NO	
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
			M				
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code	Receiv	ed at Fun	draising	,	
				YES		NO	

Page Total \$ 150.00

<sup>\*</sup> 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)]