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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full									
People for Cope									
Full Name of Contributor				Regis	tratio	n Numl	er, if PA	.C	
Michael J. Koren				L					
Street Address	Employe	r/Occupa	ation/Labor Organization					Form (Cash, Ch	eck, etc.)
10002 Erin Wood Drive								Check	
City	St	ate	Zîp Code	М	\top	D	Y	Amount	
Dublin	0	H_	43017			0 9	1 1	<u> </u>	250.00
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			Regis	tratio	n Num	ber, if PA	'C	
Andrew Bowers									
Street Address	Employe	r/Occup	ation/Labor Organization					Form (Cash, Ch	eck, etc.)
953 Neil Avenue	ļ							Check	
City	St	ate	Zip Code	М	-	D	Y	Amount	. =
Columbus	0	H	43201			<u>0 9</u>		<u> </u>	150.00
Full Name of Contributor				Regis	stratio	on Num	ber, if PA	AC	
Dana G. Rinehart									
Street Address	Employe	r/Occup	ation/Labor Organization					Form (Cash, Ch	eck, etc.)
300 E. Broad Street, Suite 190								Check	
City	Si	ate	Zip Code	М		D	Y	Amount	
Columbus	0	H	43215		_		1 1	<u> </u>	50.00
Full Name of Contributor				Regi	stratio	on Num	ber, if PA	AC	
Beverly A. Martin									
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Ci	neck, etc.)
5632 Hatton Court_								Check	
City	S	tate	Zip Code	М		D	Y	Amount	E0.00
Hilliard	0	H	43026		_		1 1		50.00
Full Name of Contributor				Regi	strati	on Nun	ber, if P	AC	
Elverna Wolpert									
Street Address	Employ	Employer/Occupation/Labor Organization						Form (Cash, C	heck, etc.)
4786 Davidson Road							<i>i</i>	Check	
City	1 _	tate	Zip Code	M	- 1	D ol =	Y	Amount	100.00
Hilliard	0	H	43026				111		100.00
Full Name of Contributor				Reg	strati	on Nun	nber, if P	AC	
John Migliore				L				Tr. /C : ^	h1- · · ·
Street Address	Employ	er/Occup	pation/Labor Organization					Form (Cash, C	песк, етс.)
128 E. Market Street			Te:			Б	T v	Check	
City		State	Zip Code	M	F	D	. Y	Amount	100.00
Cadiz	0	H	43907				1 1		100.00
Full Name of Contributor			•	Reg	ıstrat	ion Nur	nber, if P	AC	
Lozier for County Engineer								E (01. C	Name of N
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)	
27 Bending Oak Drive			Tr. 0 1	- T	,		- V	Check	
City	1 _	State	Zip Code	M A		D 11 C	$\begin{bmatrix} \mathbf{Y} \\ 1 \end{bmatrix}$	Amount	500.00
Granville	10	H	43023			1 8	3 1 1		500.00
Full Name of Contributor				кер	ustrai	HOH MIN	moei, II P	AC	
	Tr	nelOsc-	mation/Labor Organization					Form (Cash, C	Theck etc.)
Street Address	dress Employer/Occupation/Labor Organization							Politi (Casii, Check, etc.)	
		State	Zip Code	N	<u> </u>	D	Y	Amount	
City	['	State	Zip Code	l w	1	ľ	1 1	[
The state of same		l Tea	antributor is self ampleyed, or	connation	other	r than e	mplover s	should be listed	

* 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 \$ ____1,200.00