

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full People for Cope													
Full Name of Contributor Michael J. Koren						Registration Number, if PAC							
Street Address 10002 Erin Wood Drive			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Dublin		State O H		Zip Code 43017		M 0 8		D 0 9		Y 1 1		Amount 250.00	
Full Name of Contributor Andrew Bowers						Registration Number, if PAC							
Street Address 953 Neil Avenue			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43201		M 0 8		D 0 9		Y 1 1		Amount 150.00	
Full Name of Contributor Dana G. Rinehart						Registration Number, if PAC							
Street Address 300 E. Broad Street, Suite 190			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 8		D 0 9		Y 1 1		Amount 50.00	
Full Name of Contributor Beverly A. Martin						Registration Number, if PAC							
Street Address 5632 Hatton Court			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Hilliard		State O H		Zip Code 43026		M 0 8		D 1 9		Y 1 1		Amount 50.00	
Full Name of Contributor Elverna Wolpert						Registration Number, if PAC							
Street Address 4786 Davidson Road			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Hilliard		State O H		Zip Code 43026		M 1 0		D 0 5		Y 1 1		Amount 100.00	
Full Name of Contributor John Migliore						Registration Number, if PAC							
Street Address 128 E. Market Street			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Cadiz		State O H		Zip Code 43907		M 1 0		D 0 5		Y 1 1		Amount 100.00	
Full Name of Contributor Lozier for County Engineer						Registration Number, if PAC							
Street Address 27 Bending Oak Drive			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Granville		State O H		Zip Code 43023		M 1 0		D 1 8		Y 1 1		Amount 500.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

* 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