

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MARK KOOGLER FOR CITY COUNCIL COMMITTEE							
Full Name of Contributor MARK B. KOOGLER						Registration Number, if PAC	
Street Address 4618 LYME COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash/Credit Card	
City DUBLIN		State OH	Zip Code 43016		M 08	D 01	Y 17
Amount 192.95							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
Amount							
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City		State OH	Zip Code		M	D	Y
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City		State OH	Zip Code		M	D	Y
Amount							

* 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 also appear. [R.C. 3517.10(B)(4)]