Statement of Contributions Received

Prescribed by Secretary of State 3/05

Citizens for Cooper Full Name of Combutor Kevin Cooper Street Address 5404 Tara Hill Drive City Dublin OH 43017 018 11 2 11 3 0.19 Street Address Employer/Occupation/Labor Organization* State Zip Code M D Y Amount ACH Amount Ach Ach	Name of Committee in Full						
Fell Name of Coernbuter Kevin Cooper	· ·						
Series Address				Registra	ation Nun	nher if PA	<u></u>
Series Address				Registre	20101111111	noci, n i z	
State Zip Code		Employer/Oc	cupation/Labor Organization*	. —			Form (Cash, Check, etc.)
State	5404 Tara Hill Drive	,					
Dublin		State	Zip Code	М	T D	ΙΥ	
Full Name of Contributor Kevin Cooper Seret Address Employer-Occupation/Labor Organization* Form (Cash, Check, etc.)		ОНІ		lota	1112	1	
Servet Address Employer-Occupation/Labor Organization* Form (Cash, Check, etc.)		1 0 1 1 1	1001,				
Servet Address Employer-Occupation/Labor Organization* Form (Cash, Check, etc.)	Kevin Cooper						
State		Employer/Occ	cupation/Labor Organization*		-		Form (Cash, Check, etc.)
State	5404 Tara Hill Drive						ACH
Full Name of Contributor Kevin Cooper Kevin Cooper State Address 5404 Tara Hill Drive City Dublin Full Name of Contributor Repistration Number, if PAC State Zip Code M D Y Amount OH 43017	City	State	Zip Code	М	D	Y	
Kevin Cooper Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) ACH	Dublin	OH	43017	018	1 2	1 3	0.07
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Full Name of Contributor	-		Registra	tion Nun	aber, if PA	C
State Zip Code M D Y Amount	Kevin Cooper						
State Zip Code M		Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
Dublin							<u>A</u> CH
Full Name of Contributor Rebeckah Cooper State Zip Code M D Y Amount	_ ·	1	1 '		1		
Rebeckah Cooper Street Address		OH	43017				25.00
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Registra	ttion Nun	aber, if PA	c
State Zip Code M D Y Amount		In i o					
State Zip Code M D Y Amount		Employer/Occ	rupation/Labor Organization*				, , ,
Dublin OH 43017 0 9 1 6 1 3 25,000 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 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 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 Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		F	7:.0.1.	1	1 5	1 1/	
Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Full Name of Contributor State Zip Code M D Y Amount Full Name of Contributor State Zip Code M D Y Amount Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Full Name of Contributor Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	-					1	
Street Address		ОП	1 45017		1 - 0		
City State Zip Code M D Y Amount Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Full Name of Contributor State Zip Code M D Y Amount Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Tall Talle of Cold lower			140,530.0	11011 11411	io.i, ii i A	
City State 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 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 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 Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address	Employer/Occ	upation/Labor Organization*	<u> </u>		_	Form (Cash, Check, etc.)
Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							, , ,
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Arnount 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 Arnount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	City	State	Zip Code	М	D	Y	Amount
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Arnount 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 Arnount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		1		1 1			
City State Zip Code M D Y Amount Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Full Name of Contributor			Registra	tion Nun	ber, if PA	С
City State Zip Code M D Y Amount Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						,	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State 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	Zip Code	M	D	Y	Amount
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			<u>_</u>	<u> </u>	<u> </u>	!!	
City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Full Name of Contributor			Registra	tion Nun	iber, if PA	C
City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Constanting	Employer Occ	wastian/Labor Organization*	Ц			Form (Coch Cheek etc.)
Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address	Employer/Occ	upation Labor Organization				rom (Casa, Check, etc.)
Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Circ	State	Zin Code	Тм	Ιb	ΙΥ	Amount
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	City		inp code	1 "	Ĭ		, anoth
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Full Name of Contributor	'	<u> 1</u>	Registra	tion Nur	ber, if PA	C
City State Zip Code M D Y Amount	Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
City State Zip Code M D Y Amount							
	City	State	Zip Code	М	D	Y	Amount

Page Total \$	50.26

^{*} 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)]