

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Cooper</b>							
Full Name of Contributor <b>Kevin Cooper</b>				Registration Number, if PAC			
Street Address <b>5404 Tara Hill Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ACH</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>0.19</b>	
Full Name of Contributor <b>Kevin Cooper</b>				Registration Number, if PAC			
Street Address <b>5404 Tara Hill Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ACH</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>0.07</b>	
Full Name of Contributor <b>Kevin Cooper</b>				Registration Number, if PAC			
Street Address <b>5404 Tara Hill Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ACH</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Rebeckah Cooper</b>				Registration Number, if PAC			
Street Address <b>5404 Tara Hill Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ACH</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>25.00</b>	
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.)		
City	State	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 appear. [R.C. 3517.10(B)(4)]