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Page

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Nime of Committee in Earl			
Name of Committee in Full			
Citizens for Cooper	Employer, Occupation, Labor Organization *		Registration Number, if PAC
THE PARCE OF CONTINUO	Employer, Occupation, Labor Organization		
Kevin Cooper	Desired Standard Standard		M D Y Fair Market Value
aneet Address	Description of Item or Service		110 012 115 32.58
5404 Tara Hill Drive	Facebook Ad		Received at Fundraising Event?
City		Zip Code	YES VO
Dublin	OH _	43017	
Full Name of Contributor	Employer, Occupa	ition, Labor Organization *	Registration Number, if PAC
Kevin Cooper			
Street Address	Description of Item	n or Service	M D Y Fair Market Value
5404 Tara Hill Drive	<u> </u>	<u>iterature</u>	1 0 1 5 1 5 87.99
City	State	Zip Code	Received at Fundraising Event?
Dublin	OH.	43017	YES VNO
Full Name of Contributor	Employer, Occupa	ntion, Labor Organization *	Registration Number, if PAC
Kevin Cooper			
Street Address	Description of Iter	n or Service	M D Y Fair Market Value
5404 Tara Hill Drive		Card Bags	1 0 1 0 1 5 27.81
City		Zip Code	Received at Fundraising Event?
Dublin	OH	43017	YES VO
Full Name of Contributor		ation, Labor Organization *	Registration Number, if PAC
	Employer, George	211011, 22001 018	
Kevin Cooper	Description of Ites	m or Service	M D Y Fair Market Value
Street Address	Description of Item or Service		1 0 0 7 1 5 296.00
5404 Tara Hill Drive	Newspaper Ad State Zip Code		Received at Fundraising Event?
City		43017	YES VNO
Dublin	OH		Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC		
Kevin Cooper			M D Y Fair Market Value
Street Address	Description of Item or Service		
5404 Tara Hill Drive			1 0 2 0 1 5 296.00
City	State	Zip Code	Received at Fundraising Event?
Dublin	OH !	43017	YES VNO
Full Name of Contributor	Employer, Occup.	ation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
	1		
City	State	Zip Code	Received at Fundraising Event?
, , , , , , , , , , , , , , , , , , ,		1	YES NO
Full Name of Contributor	Employer Occum	ation, Labor Organization *	Registration Number, if PAC
Pull Maric of Contributor			Ī
Company and the company and th	Description of he	on or Service	M D Y Fair Market Value
Street Address	Description of Item or Service		
	C	Zin Code	Received at Fundraising Event?
City	State	Zip Code	YES VNO
	1		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC
			La L
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
1			
City	State	Zip Code	Received at Fundraising Event?
			YES VNO

Page Total **\$** 740.38

^{*} 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)]