

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full People for Cope						
Full Name of Contributor Philip A. Rasor				Registration Number, if PAC		
Street Address 4265 Reedbury Lane		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0 7	D 1 8	Y 1 1	Amount 150.00
Full Name of Contributor Mark L. Turner				Registration Number, if PAC		
Street Address 6726 Grosvenor Place		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Indianapolis	State I N	Zip Code 46220	M 0 7	D 1 8	Y 1 1	Amount 150.00
Full Name of Contributor Michael Pahud				Registration Number, if PAC		
Street Address 11247 Golden Bear Way		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Noblesville	State I N	Zip Code 46060	M 0 7	D 1 8	Y 1 1	Amount 150.00
Full Name of Contributor Steven R. Cuckler				Registration Number, if PAC		
Street Address 300 East Broad Street, Suite 450		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 9	Y 1 1	Amount 50.00
Full Name of Contributor Deborah A. Ashenurst				Registration Number, if PAC		
Street Address 4609 Family Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 8	D 0 9	Y 1 1	Amount 100.00
Full Name of Contributor H. Douglas Talbott				Registration Number, if PAC		
Street Address 8020 Flint Run Place		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43235	M 0 8	D 0 9	Y 1 1	Amount 100.00
Full Name of Contributor Bradley L. McCloud				Registration Number, if PAC		
Street Address 912 Rosehill Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M 0 8	D 0 9	Y 1 1	Amount 150.00
Full Name of Contributor Douglas J. Preisse				Registration Number, if PAC		
Street Address 41 S. High Street, Suite 3710		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 250.00

* 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)