

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>The Committee to Elect Sephanniz Cooper</i>					
Full Name of Contributor <i>Paul Richmond</i>			Registration Number, if PAC		
Street Address <i>Quail Run Dr</i>		Employer/Occupation/Labor Organization* <i>Retired</i>		Form (Cash, Check, etc.) <i>Check</i>	
City <i>Grave City</i>	State <i>OH</i>	Zip Code <i>43123</i>	M <i>10</i>	D <i>17</i>	Y <i>15</i>
Amount <i>\$500.00</i>					
Full Name of Contributor <i>Citizens Friends of Clarence Mingo</i>			Registration Number, if PAC		
Street Address <i>12364 Thoroughbred Dr.</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>	
City <i>Columbus Pickerington</i>	State <i>OH</i>	Zip Code <i>43147</i>	M <i>10</i>	D <i>17</i>	Y <i>15</i>
Amount <i>100.00</i>					
Full Name of Contributor <i>Dench and Sephanniz Cooper</i>			Registration Number, if PAC		
Street Address <i>1182 Carnoustie</i>		Employer/Occupation/Labor Organization* <i>Fancy Sales, Grange</i>		Form (Cash, Check, etc.) <i>Cash</i>	
City <i>Grave City</i>	State <i>OH</i>	Zip Code <i>43123</i>	M <i>1</i>	D <i>1</i>	Y <i>1</i>
Amount <i>\$200.00</i>					
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					
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 also appear. [R.C. 3517.10(B)(4)]