

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
KATHY COCuzzI FOR Council				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
KATHY COCuzzI				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1029 BLUESAIL DR	OFFICE SUPPLIES	0	5	23 09 41.18
City	State	Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
KATHY COCuzzI				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1029 BLUESAIL DR	PARADE PERMIT	0	6	01 09 75.00
City	State	Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
KATHY COCuzzI				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1029 BLUESAIL DR	MAGNETIC CAR SIGNS	0	6	22 09 55.93
City	State	Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
KATHY COCuzzI				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1029 BLUESAIL DR	Food For PARADE PARTY	0	6	09 09 68.22
City	State	Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
KATHY COCuzzI				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1029 BLUESAIL DR	ENVELOPES FOR MAILING	0	6	22 09 6.79
City	State	Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
KATHY COCuzzI				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1029 BLUESAIL DR	ENVELOPES FOR MAILING	0	7	07 09 71.02
City	State	Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
KATHY COCuzzI				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1029 BLUESAIL DR	POSTAGE	0	7	15 09 44.00
City	State	Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service	M	D	Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?	
	OH		<input type="radio"/> YES <input type="radio"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]