Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full						
KAYHY (OCUZZ) FOR COUNCIL Registration Number, if PAC						
Full Natifie of Contribution						
KATHY (OCUZZ) Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1020 BLINEODII DA	amproj or crosapa			CASH		
City 1	State	Zip Code	M D Y	Amount		
WESTERVILLE	OH	43081	052609	100.00		
Full Name of Contributor Registration Number, if PAC						
KARLY CAROL HRIBAR	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
a l	Employer/Occupa	non-ranot (Againyanon		ChECK		
City MAINSAIL DR	State	Zip Code	M D Y	Amount		
WESTERVILLE	OH	43081	052609	100.00		
Full Name of Contributor						
KAREN A KUDOLPH Form (Cash, Check, etc.)						
Street Address	Employer/Occupation/Labor Organization*			ChECK		
1012 TALL TREE CT	State	Zip Code	M D Y	Amount		
WESTER OULE	ОН	43081	1060809	100.00		
Full Name of Contributor			Registration Number, if Pa	NC		
BARRY ARKERMAN						
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
116 DANIEL DRIVE	State	Zip Code	M D Y	MECK Amount		
City	OH	43081	10 4 8 8 09	50.00		
Full Name of Contributor			Registration Number, if P.	Contraction (not proceedings of the contraction of		
TOHN TALAMO						
Street Address	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)		
406 OLDEFNGLISH DR		[7] O. J.	TM TN TV	Check Amount		
City	State OH	Zip Code	MOROS	/00.0D		
WESTERUILLE Full Name of Contributor		43082	Registration Number, if P.	A company of the contract of t		
THEODOR + VINNY LIKEWIG						
Street Address	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)		
651 BAY DR				ChECK		
City	State OH	Zip Code	060809	Amount 25.00		
WESTERVILLE		43882	Registration Number, if P			
run isane of Contributor						
KICHARD & PAT/SARTHETI Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)		
384 ChEMALDETTON Rd		-		ChECK		
City	State	Zip Code	M D Y	Amount		
WESTALVILLE	OH	4308)	06/1409	50.00		
Full Name of Contributor Registration Number, if PAC						
SCOTT + DEB BAUMGARTNER		Form (Cash, Check, etc.)				
Street Address 10/25 Note 1 August 0.13 O.T.	Employer/Occupation/Labor Organization*			ChECK		
City DEWMAN CI	State	Zip Code	M D Y	Amount		
WESTERVILLE	OH	43081	1061409	A5.00		

Page Total <u>650.00</u>

^{*} 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)]