

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>KATHY COVUZZI FOR COUNCIL</u>							
Full Name of Contributor <u>KATHY COVUZZI</u>						Registration Number, if PAC	
Street Address <u>1029 BLUESAIL DR.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CASH</u>	
City <u>WESTERVILLE</u>			State <u>OH</u>		Zip Code <u>43081</u>		Amount <u>052609 100.00</u>
Full Name of Contributor <u>CAROL HRIBAR</u>						Registration Number, if PAC	
Street Address <u>389 MAINSAIL DRIVE</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>	
City <u>WESTERVILLE</u>			State <u>OH</u>		Zip Code <u>43081</u>		Amount <u>052609 100.00</u>
Full Name of Contributor <u>KAREN A. RUDOLPH</u>						Registration Number, if PAC	
Street Address <u>1012 TALL TREE CT.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>	
City <u>WESTERVILLE</u>			State <u>OH</u>		Zip Code <u>43081</u>		Amount <u>060809 100.00</u>
Full Name of Contributor <u>BARRY ACKERMAN</u>						Registration Number, if PAC	
Street Address <u>116 DANIEL DRIVE</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>	
City <u>WESTERVILLE</u>			State <u>OH</u>		Zip Code <u>43081</u>		Amount <u>060809 50.00</u>
Full Name of Contributor <u>JOHN TALAMO</u>						Registration Number, if PAC	
Street Address <u>406 OLDE ENGLISH DR</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>	
City <u>WESTERVILLE</u>			State <u>OH</u>		Zip Code <u>43082</u>		Amount <u>060809 100.00</u>
Full Name of Contributor <u>THEODOR HERWIG</u>						Registration Number, if PAC	
Street Address <u>657 BAY DR</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>	
City <u>WESTERVILLE</u>			State <u>OH</u>		Zip Code <u>43082</u>		Amount <u>060809 25.00</u>
Full Name of Contributor <u>PAT BARTLETT</u>						Registration Number, if PAC	
Street Address <u>384 CHERRINGTON Rd</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>	
City <u>WESTERVILLE</u>			State <u>OH</u>		Zip Code <u>43081</u>		Amount <u>061409 50.00</u>
Full Name of Contributor <u>SCOTT BAUMBARTNER</u>						Registration Number, if PAC	
Street Address <u>1065 DENMAN CT</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>	
City <u>WESTERVILLE</u>			State <u>OH</u>		Zip Code <u>43081</u>		Amount <u>061409 25.00</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)]

Page Total 550.00