

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>KATHY COCuzzi For Council</i>													
Full Name of Contributor <i>MIKE AND CAROL GROSELOWE</i>							Registration Number, if PAC						
Street Address <i>212 LUKE CT</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>CHECK</i>						
City <i>WESTERVILLE</i>		State <i>OH</i>		Zip Code <i>43081</i>		M <i>08</i>		D <i>08</i>		Y <i>09</i>		Amount <i>25.00</i>	
Full Name of Contributor <i>JULIE & MIKE COLLINS</i>							Registration Number, if PAC						
Street Address <i>6169 SUGAR MAPLE DR</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>CHECK</i>						
City <i>WESTERVILLE</i>		State <i>OH</i>		Zip Code <i>43082</i>		M <i>08</i>		D <i>15</i>		Y <i>09</i>		Amount <i>75.-</i>	
Full Name of Contributor <i>BARBARA CASTRODALE</i>							Registration Number, if PAC						
Street Address <i>1144 AUTUMN CREEK DR</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>CHECK</i>						
City <i>WESTERVILLE</i>		State <i>OH</i>		Zip Code <i>43081</i>		M <i>08</i>		D <i>21</i>		Y <i>09</i>		Amount <i>25.00</i>	
Full Name of Contributor <i>CJ FETCHERD</i>							Registration Number, if PAC						
Street Address <i>721 LINNCREST DR</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>CHECK</i>						
City <i>WESTERVILLE</i>		State <i>OH</i>		Zip Code <i>43081</i>		M <i>08</i>		D <i>31</i>		Y <i>09</i>		Amount <i>50.00</i>	
Full Name of Contributor							Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State <i>OH</i>		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 <i>OH</i>		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 <i>OH</i>		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 <i>OH</i>		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)]