

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full KATHY COCuzzI FOR COUNCIL													
Full Name of Contributor EDWARD BRADY							Registration Number, if PAC						
Street Address 96 ORMSBEE AVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 7		Y 2809		Amount 30.00	
Full Name of Contributor JAMES + JANET DAVIS							Registration Number, if PAC						
Street Address 447 SIX FENCE CIRCLE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 7		Y 2809		Amount 25.00	
Full Name of Contributor ROGER + ROBIN HOWARD							Registration Number, if PAC						
Street Address 136 CHEROKEE DR				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 7		Y 2909		Amount 25.00	
Full Name of Contributor ED + ANITA KENWORTHY							Registration Number, if PAC						
Street Address 1029 AUTUMN MEADOWS DR				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 7		Y 3009		Amount 15.00	
Full Name of Contributor DONNA MAC MEANS							Registration Number, if PAC						
Street Address 655 HICKORY VIEW CT				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 8		Y 0309		Amount 25.00	
Full Name of Contributor GARRETT AND CAROL BRUSCO							Registration Number, if PAC						
Street Address 197 N STATE ST				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 8		Y 0409		Amount 50.00	
Full Name of Contributor WILLIAM + HARRIETT HERRIMAN							Registration Number, if PAC						
Street Address 235 ALLVIEW Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 8		Y 0509		Amount 25.00	
Full Name of Contributor RALPH + JANE DENICIL							Registration Number, if PAC						
Street Address 95 HAWBY AVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 8		Y 0809		Amount 25.00	

* 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)]