

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>KATHY CRUZZI FOR COUNCIL</u>							
Full Name of Contributor <u>LINDA BORROS</u>						Registration Number, if PAC	
Street Address <u>642 BERKELEY PH D</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>		M D Y <u>06 14 09</u> Amount <u>50.00</u>
Full Name of Contributor <u>BARB REDCH</u>						Registration Number, if PAC	
Street Address <u>175 MATTHEW AVE</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>		M D Y <u>07 12 09</u> Amount <u>50.00</u>
Full Name of Contributor <u>DAVID BUXTON</u>						Registration Number, if PAC	
Street Address <u>336 DAK HILL DR</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>		M D Y <u>07 13 09</u> Amount <u>15.00</u>
Full Name of Contributor <u>ALWAYS PAINTING</u>						Registration Number, if PAC	
Street Address <u>418 HUBER VILLAGE BLVD</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>		M D Y <u>07 13 09</u> Amount <u>50.00</u>
Full Name of Contributor <u>RAYMOND BERTERSON</u>						Registration Number, if PAC	
Street Address <u>63 E LINCOLN ST</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>		M D Y <u>07 14 09</u> Amount <u>25.00</u>
Full Name of Contributor <u>WM DOLBIER II</u>						Registration Number, if PAC	
Street Address <u>567 LEADREST PH W</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>		M D Y <u>07 14 09</u> Amount <u>25.00</u>
Full Name of Contributor <u>CELESTE MADSEN</u>						Registration Number, if PAC	
Street Address <u>41 KENNEBEC PL W</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>		M D Y <u>07 14 09</u> Amount <u>25.00</u>
Full Name of Contributor <u>MARY ANN SCHELL</u>						Registration Number, if PAC	
Street Address <u>57 BEL PRE W</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>		M D Y <u>07 14 09</u> Amount <u>50.00</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)]