## **Statement of Contributions Received**

Page <u>S</u>

Prescribed by Secretary of State 03/05

Name of Committee in Full				
KATHY COCUZZI FOR COUNCIL			Registration Number, if PA	C
Full Name of Contributor				
JOHN + KINDA BOKROS Street Address	Employer/Occupation	on/Labor Organization*		Form (Cash, Check, etc.)
642 BENKELEY PLN		·		CACAMANA CACAMANA AMARAMA
City	State	Zip Code	M D Y	Amount
WESTERVILLE	ОН	Y3081	Registration Number, if PA	50.00
Tun Value of Contributor				
BARB + LARRY LECCH Street Address	Employer/Occupation	ion/Labor Organization*		Form (Cash, Check, etc.)
125 MATTHER ANC		· • · · · · · · · · · · · · · · · · · ·		Check
175 MATTHEW AVE	Stake	Zip Code	M D Y	Amount
WESTERUILHE	OH	43081	01/1209	50.00
Full Name of Contributor Registration Number, if PAC				
DAVID 4 KAYBUXTON  Street Address	Emalara 10	on/I shoe Organization*		Form (Cash, Check, etc.)
Street Address  336 DAK HILL DR	emproyer/Occupati	ion/Labor Organization*		Checic
336 DAK HILL DR	Stale	Zip Code	M D Y	Amount
6.0	ОН	43081	071309	15.00
Full Name of Contributor  Registration Number, if PAC				
ALWAYS PAINTING	Y			Form (Cash, Check, etc.)
Street Address	Employer/Occupati	ion/Labor Organization*		ChECIC
HIELLUBERVILLAGE BLUD	Stalte	Zip Code	M D Y	<u>CNEUC</u> Amount
WESTERVIALE	OH	4308)	071309	50.00
Full Name of Contributor			Registration Number, if PA	
RAMMONDAKOBERTABERTELSON				
Street Address	Employer/Occupati	ion/Labor Organization*	-	Form (Cash, Check, etc.)
63 ELINCOLNST	State	Zip Code	M D Y	Check Amount
City / CTTT 11/1/15	OH	4308 /	Dallena	25.00
WESTERUILLE Full Name of Contributor			Registration Number, if PA	
Streat Address	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.)
567 LEAPREST PLW		Trin Code	M D Y	ChECK Amount
	State OH	Zip Code 4308/	MDY	25-00
WESTERVILLE Full Name of Contributor			Registration Number, if PA	
GREGY CELESTE MADSED				
Street Address	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.)
41 KENNEBEC PLW				CHECIL
City	State	Zip Code	M D Y	Amount
1. IESTERUILLE	OH	43081	0 7 1407 Registration Number, if PA	25.00
Full Name of Contributor HOWARDY MARYAND SCHELL			acogradaton runnosi, n Pr	
Street Address	Employer/Occurst	tion/Labor Organization*		Form (Cash, Check, etc.)
59 RELIDIT W	, , , , , , , , , , , , , , , , , , , ,			Checic
City	State	Zip Code	M D Y	Amount
1 ESTERUILLE	OH	43081	1017111404	50.00

Page Total 290.00

<sup>\*</sup> 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)]