Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				
KAYHY COCUZZI FOR CODUCI Full Name of Contributor			Registration Number, if P.	AC
ERIC BUSCH Street Address				
Street Address	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)
481 HAVENDALE DR.	State	Zip Code	MÎ DÎ VÎ	Check
481 HAVENDALE DR. City WESTERVILLE Full Name of Contributor	OH	43082	06/409	75.00
Full Name of Contributor Registration Number, if PAC				
Greet Address That is ry				
	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1028 TALL TREE CT	State	Zip Code	M D Y	Amezoni
WESTERWILLE	OH	43081	061409	100.00
Full Name of Contributor				
Charles + Paren Dennis Street Address	F1/0	of all the Ossainties*		Form (Cash, Check, etc.)
1924 HARRISON Rd	Employer/Occupation/Labor Organization*			Check
City	State	Zip Code	M D Y	Anxont
Full Name of Contributor	ОН	4303/	0 6 1 4 0 9 Registration Number, if P.	50.06
			Registration Number, it is	
ANN + CANH MORAHAW Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1032 BLUESAIL DR				Checic
	Stake OH	Zip Code 4308/	MDY	Amount 100.00
Full Name of Contributor		10001	Registration Number, if Pa	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
2945 BERRY LANE CT	State	Zip Code	M D Y	CHECK Amount
Columbus	ОН	43231	06/1409	50.00
Full Name of Contributor			Registration Number, if Pa	AC
EARLENE WANDREY Street Address	Ir 1 0	pation/Labor Organization*		Form (Cash, Check, etc.)
Street Address // NSTATE ST. City	Енфюуст Осси	panon/ Labor Organization		Checic
City	State	Zip Code	M D Y	Amount
WESTERVILLE	OH	43081	061409	50.00
Full Name of Contributor Registration Number, if PAC NARLES + TWILA WILEY				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1037 BLUESAIL DRIVE				ChECK
City	State OH	Zip Code 43081	MIDIN	Amount 75.00
WESTERVILLE Full Name of Contributor		17001	Registration Number, if P	Description of the commence of
PEGGY WOLOVECK				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City DEER (UX) (d	State	Zip Code	M D V	///EC/C
11) FSTERVILLE	OH	43081	041409	50.00

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)]

Page Total 550.00