

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full KATHY COCUZZI FOR COUNCIL							
Full Name of Contributor LINDA BOKROS						Registration Number, if PAC	
Street Address 642 BERKELEY PL N			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City WESTERVILLE			State OH	Zip Code 43081	M 08	D 02	Y 09
						Amount 20.00	
Full Name of Contributor LAURA EHNINGER						Registration Number, if PAC	
Street Address 282 ASHFORD DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City WESTERVILLE			State OH	Zip Code 43081	M 08	D 02	Y 09
						Amount 10.00	
Full Name of Contributor BARB REOCH						Registration Number, if PAC	
Street Address 175 MATTHEW AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City WESTERVILLE			State OH	Zip Code 43081	M 08	D 02	Y 09
						Amount 10.00	
Full Name of Contributor JAMES MCCANN						Registration Number, if PAC	
Street Address 198 BERNADINE CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City WESTERVILLE			State OH	Zip Code 43081	M 08	D 03	Y 09
						Amount 10.00	
Full Name of Contributor KAREN STOWE						Registration Number, if PAC	
Street Address 913 BABBINGTON CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City WESTERVILLE			State OH	Zip Code 43081	M 08	D 03	Y 09
						Amount 10.00	
Full Name of Contributor CJ FLETCHER						Registration Number, if PAC	
Street Address 721 LINNCREST DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City WESTERVILLE			State OH	Zip Code 43081	M 08	D 04	Y 09
						Amount 10.00	
Full Name of Contributor JEFF FRUTH						Registration Number, if PAC	
Street Address 159 ILLINOIS AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City WESTERVILLE			State OH	Zip Code 43081	M 08	D 05	Y 09
						Amount 10.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State OH	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)]

Page Total **80.00**