

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR WESTERVILLE							
Full Name of Contributor BRANDSTETTER CARROLL, INC						Registration Number, if PAC	
Street Address 2360 CHAUVIN DR		Employer/Occupation/Labor Organization ARCHITECTS				Form (Cash, Check, etc.) CHECK	
City LEXINGTON	State KY	Zip Code 40517	M 0	D 9	Y 0308	Amount 2,000.00	
Full Name of Contributor ATT SERVICES, INC						Registration Number, if PAC	
Street Address 45 ERIEVIEW PLAZA, ROOM 1600		Employer/Occupation/Labor Organization TELECOMMUNICATIONS				Form (Cash, Check, etc.) CHECK	
City CLEVELAND	State OH	Zip Code 44114	M 0	D 9	Y 0508	Amount 500.00	
Full Name of Contributor WESTERVILLE PROFESSIONAL FIREFIGHTERS IAF LOCAL 3480						Registration Number, if PAC	
Street Address 393 E COLLEGE AVE		Employer/Occupation/Labor Organization LABOR UNION				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43081	M 0	D 9	Y 0800	Amount 1,000.00	
Full Name of Contributor MT. CARMEL HEALTH SYSTEM						Registration Number, if PAC	
Street Address P.O. BOX 13970		Employer/Occupation/Labor Organization HEALTH CARE				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43213-7920	M 0	D 9	Y 1008	Amount 15,000.00	
Full Name of Contributor CRAIG P. TRENEFF LAW OFFICE						Registration Number, if PAC	
Street Address 155 COMMERCE PARK DR		Employer/Occupation/Labor Organization ATTORNEY				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43082	M 0	D 9	Y 1008	Amount 500.00	
Full Name of Contributor ANDREW P. BOATRIGHT						Registration Number, if PAC	
Street Address 335 HAMPTON PARK		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43081	M 0	D 9	Y 1008	Amount 100.00	
Full Name of Contributor K. DIANNE KATZENMOYER						Registration Number, if PAC	
Street Address 859 W. MAIN ST		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43081	M 0	D 9	Y 1008	Amount 35.00	
Full Name of Contributor DAVID A. COCUZZI						Registration Number, if PAC	
Street Address 1029 BLUESAIL DR		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43081	M 0	D 9	Y 1208	Amount 100.00	

9/5
2680

9/8
1,000

15,600
9/10

* 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)]