

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full KATHY COCUZZI FOR COUNCIL						Registration Number, if PAC	
Full Name of Contributor STEVE & NANCY THOMAS						Form (Cash, Check, etc.) CHECK	
Street Address 1144 NAUTILUS PL		Employer/Occupation/Labor Organization*		State OH		Zip Code 43082	
City WESTERVILLE		M 07		D 14		Y 09	
Amount 25.00						Registration Number, if PAC	
Full Name of Contributor J & JANICE TOWNSLEY						Form (Cash, Check, etc.) CHECK	
Street Address 571 CATAWBA AVE		Employer/Occupation/Labor Organization*		State OH		Zip Code 43081	
City WESTERVILLE		M 07		D 14		Y 09	
Amount 50.00						Registration Number, if PAC	
Full Name of Contributor NORMAN KIRK WESTERVELT						Form (Cash, Check, etc.) CHECK	
Street Address 5334 ANNADALE CT		Employer/Occupation/Labor Organization*		State OH		Zip Code 43082	
City WESTERVILLE		M 07		D 14		Y 09	
Amount 100.00						Registration Number, if PAC	
Full Name of Contributor HOWARD & MARYANNE BAUM						Form (Cash, Check, etc.) CHECK	
Street Address 28 KEETHLER DR N		Employer/Occupation/Labor Organization*		State OH		Zip Code 43081	
City WESTERVILLE		M 07		D 21		Y 09	
Amount 20.00						Registration Number, if PAC	
Full Name of Contributor MARCIA & ROY LAWSON						Form (Cash, Check, etc.) CHECK	
Street Address 569 ELM CT		Employer/Occupation/Labor Organization*		State OH		Zip Code 43082	
City WESTERVILLE		M 07		D 21		Y 09	
Amount 50.00						Registration Number, if PAC	
Full Name of Contributor MELINDA & WM MCAFEE						Form (Cash, Check, etc.) CHECK	
Street Address 1367 NUTMEG CT		Employer/Occupation/Labor Organization*		State OH		Zip Code 43081	
City WESTERVILLE		M 07		D 21		Y 09	
Amount 20.00						Registration Number, if PAC	
Full Name of Contributor JOHN & PAM NESTLEROTH						Form (Cash, Check, etc.) CHECK	
Street Address 130 N LYNDALE DR		Employer/Occupation/Labor Organization*		State OH		Zip Code 43081	
City WESTERVILLE		M 07		D 21		Y 09	
Amount 25.00						Registration Number, if PAC	
Full Name of Contributor MICHAEL PAULINO						Form (Cash, Check, etc.) CHECK	
Street Address 54 SPRING CREEK DR		Employer/Occupation/Labor Organization*		State OH		Zip Code 43081	
City WESTERVILLE		M 07		D 21		Y 09	
Amount 40.00						Registration Number, if PAC	

* 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)]