31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Carolyn Casper for UA City Council							
Full Name of Contributor						**Registration Number, if PAC**	
Catherine A Girves							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2300 Indianola Ave							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43202	08	24	13		200.00
Full Name of Contributor						**Registration Number, if PAC**	
Millard B Byrne							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4317 Camborne Road							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	08	19	13		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Mary E Hatch							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1942 Collingswood Road							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	07	24	13		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Jo-Ann Prater							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2000 Malvern Road							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	07	28	13		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Lynn & Avner Friedman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2971 White Bark Place							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	07	30	13		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Meleesa A Hunt							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3070 Riverside Drive, Suite 150-B							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	07	28	13		15.00
Full Name of Contributor						**Registration Number, if PAC**	
Carol P Vaughn							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6338 Emberwood Road							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	07	28	13		50.00
Full Name of Contributor						**Registration Number, if PAC**	
James I & Jo-Ann Prater							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2000 Malvern Road							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	07	28	13		100.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 840.00