Page	1	

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Carolyn Casper for UA Council							
To Whom Paid			М	D	Y	Amount	
Carolyn Casper	-12		0 5	1 6	1 7	<u> </u>	35.00
Address	Purpose						
2545 Northwest Blvd	2016 financial disclosure fee State Zip Code Check Number						
City	State	Zip Code	Check N				
Columbus To Whom Paid	O H	43221	М	311	Y	Amount	
					1		50.00
Ohio Democratic Party Women's Ca	Purpose		0 8	0.9	1 /	<u> </u>	30.00
340 East Fulton St							
City	training State Zip Code Check Number						
Columbus	ОН	43215		312			
To Whom Paid	10_11	10210	М	D	Y	Amount	
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Address	Purpose						
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Address	Purpose			<u> </u>	<u> </u>	<u> </u>	
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Address	Purpose						
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To Whom Paid			M	D	Y	Amount	
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Address	Purpose						
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Chy		\ \frac{1}{2}	San I I I I I I I I I I I I I I I I I I I				
To Whom Paid			М	D	Y	Amount	
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Address	Purpose						
City	State	Zip Code	Check	Number			

Page Total \$		85.00
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