

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Carolyn Casper for UA Council										Registration Number, if PAC OH1761							
Full Name of Contributor The Matriots										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 2470 E Main St										State O H		Zip Code 43209-1381		M D Y 0 9 2 5 1 9		Amount 250.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor Ronald M Solomon										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 3071 Wareham Rd										State O H		Zip Code 43221		M D Y 0 9 2 7 1 9		Amount 50.00	
City Upper Arlington										Registration Number, if PAC							
Full Name of Contributor David Varda										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 5613 Brickstone Pl										State O H		Zip Code 43026-3881		M D Y 1 0 0 1 1 9		Amount 50.00	
City Hilliard										Registration Number, if PAC							
Full Name of Contributor Judith B Hirschfeld										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 2429 Cranford Rd										State O H		Zip Code 43221-1209		M D Y 1 0 0 6 1 9		Amount 40.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor Susan M Ralph										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 4090 Bayberry Ct										State O H		Zip Code 43220-4928		M D Y 0 8 2 9 1 9		Amount 42.41	
City Columbus										Registration Number, if PAC							
Full Name of Contributor Gwynth L Mislin										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 4450 Haverford Ct										State O H		Zip Code 43220-4313		M D Y 1 0 0 7 1 9		Amount 100.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor John D Kost										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 2982 Halstead Rd										State O H		Zip Code 43221		M D Y 1 0 1 2 1 9		Amount 200.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor Patricia A Hadler										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 1921 Suffolk Rd										State O H		Zip Code 43221-4215		M D Y 1 0 0 7 1 9		Amount 100.00	
City Columbus										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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 832.41