Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Prescribed by Secretar						
ame of Committee in Full							
Carolyn Casper for UA Council Full Name of Contributor			Registration Number, if PAC				
The Matriots		OH1761	OH1761 Form (Cash, Check, etc.)				
treet Address	Employer/Occupation/Labor Organization*			check			
2470 E Main St			MD	Y Amoun			
City	1	Code	$\begin{bmatrix} M & D \\ 0 & 9 & 2 & 5 \end{bmatrix}$			250.00	
Columbus	OH	43209-1381	Registration Number	if PAC		3.55	
ull Name of Contributor			Registration Number	, 11 1 1 1 2			
Ronald M Solomon				Form (Cash, Check	etc.)	
treet Address	Employer/Occupation/Labor Organization*			1	check		
3071 Wareham Rd			M D	Y Amou			
City		ip Code	1 "- 1 1	1 9		50.00	
Upper Arlington	OH	43221	Registration Number				
Full Name of Contributor			Registration France	.,			
David Varda		0*		Form	Cash, Check	, etc.)	
Street Address	Employer/Occupation	Employer/Occupation/Labor Organization*		ch	check		
5613 Brickstone Pl			MD	Y Amou			
City		Cip Code	1 1 - 1	1 9		50.00	
Hilliard	O H	43026-3881	Registration Number				
Full Name of Contributor			Kegistration 1	,			
Judith B Hirschfeld				Form	(Cash, Chec	k, etc.)	
Street Address	Employer/Occupation/Labor Organization*				check		
2429 Cranford Rd			MD	Y Amo			
City		Zip Code	$\begin{bmatrix} 1 & 0 & 0 & 6 \end{bmatrix}$	1.9		40.00	
Columbus	O H	43221-1209	Registration Numb	per, if PAC			
Full Name of Contributor			Region anion	,			
Susan M Ralph		a l O i-stion*		Form	(Cash, Chec	ck, etc.)	
Street Address	Employer/Occupation/Labor Organization*			check			
4090 Bayberry Ct		= -	M D	Y Amo			
City		Zip Code	0 8 2 9	1 9		42.41	
Columbus	UH	43220-4928	Registration Num	ber, if PAC			
Full Name of Contributor			i cog.sa.a.			_	
Gwynth L Mislin		7.1 Our-riention*		Fon	n (Cash, Che	ck, etc.)	
Street Address	Employer/Occupation/Labor Organization*				check		
4450 Haverford Ct			MD		ount		
City	State	Zip Code	1 0 0 7	1 9		100.00	
Columbus	OIH	43220-4313	Registration Nun	aber, if PAC			
Full Name of Contributor			region and				
John D Kost		Onigotion*		For	m (Cash, Ch	eck, etc.)	
Street Address	Employer/Occupation/Labor Organization*			check			
2982 Halstead Rd		Zip Code	M D		nount		
City	State	· ·	1 0 1 2	2 1 9		200.0	
Columbus	OH	43221	Registration Nu				
Full Name of Contributor			1				
Patricia A Hadler		abor Organization*		Fo	rm (Cash, Cl	neck, etc.)	
Street Address	Employer/Occupation/Labor Organization*				check		
1921 Suffolk Rd		Zip Code	M D	Y A	mount		
City	State U H	12221 1215	11.00	7 1 9		100.0	
Columbus	tatewide and general assembly can	43221-4213	f-employed, the occupat	ion and the nar	ne of the		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation 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
Page 1 otal 3	832.41