

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Carolyn Casper for UA Council							
Full Name of Contributor Lucille H Ray					Registration Number, if PAC		
Street Address 2740 Vassar Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221-3463	M 0 8	D 0 7	Y 1 5	Amount 100.00	
Full Name of Contributor Nicole A Spretnak					Registration Number, if PAC		
Street Address 2432 Southway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221-3724	M 0 9	D 2 0	Y 1 5	Amount 100.00	
Full Name of Contributor Ralph K Henricks					Registration Number, if PAC		
Street Address 1989 Malvern Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221-4124	M 0 9	D 2 2	Y 1 5	Amount 50.00	
Full Name of Contributor Mary E Hatch					Registration Number, if PAC		
Street Address 1942 Collingswood Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 1 4	Y 1 5	Amount 100.00	
Full Name of Contributor Priscilla D Mead					Registration Number, if PAC		
Street Address 1399 La Rochelle Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 2 1	Y 1 5	Amount 100.00	
Full Name of Contributor James I & Jo-Ann Prater					Registration Number, if PAC		
Street Address 2000 Malvern Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Phyllis M & John M Newman					Registration Number, if PAC		
Street Address 2090 Lower Chelsea Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212-1934	M 0 9	D 2 8	Y 1 5	Amount 200.00	
Full Name of Contributor James M Siddens					Registration Number, if PAC		
Street Address 2646 Northwest Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 2 0	Y 1 5	Amount 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)]