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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N						-				
Name of Committee in Full										
Carolyn Casper for UA Council					D W W SERVE					
Full Name of Contributor						Registration Number, if PAC				
Bonnie Miller Yerkes Street Address	Employ	er/Occum	nation (I abor Organization*	_			Form (Cash, Ch	eck etc)		
	Employer/Occupation/Labor Organization*							ccx, ccc.)		
1994 Inchcliff Rd City		ate	Zip Code	М	Τъ	ΙΥ	check Amount			
		lΗ	ļ ⁻	1 .	l	1	Automic	40.00		
Columbus O H 43221 0 9 2 6 1 Full Name of Contributor Registration Number							AC	40.00		
Julie White				i a gasar		,				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck_etc.)		
2693 Mount Holyoke Rd							check			
City	St	ate	Zip Code	M	D	Y	Amount			
Columbus	0	l H	43221-3424	0 9	2 4	1 9		25.00		
Full Name of Contributor			10221 0121			nber, if P	AC			
Gerald W Wisemiller										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)		
2553 Norhtwest Blvd							check			
City	St	ate	Zip Code	М	D	Y	Amount			
Columbus	0	H	43221-3346	1 0	2 1	1 9		250.00		
Full Name of Contributor				Registra	ation Nur	nber, if P	AC			
SGO Designer Glass of Columbus										
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
975 Old Henderson Rd							check			
City	St	ate	Zip Code	М	D	Y	Amount			
Columbus	10	Н	43220-3722	1 0	_			50.00		
Full Name of Contributor				Registra	ation Nur	nber, if P	AC			
Jim Fronk										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)		
2134 Oakmont Rd	ļ		Iz. o. i	1 1/	1 B	T v	check			
City	1 .	ate I II	Zip Code	M	D	Y	Amount	F0 00		
Columbus	0	Н	43221	0 8		1 9	<u> </u>	50.00		
Full Name of Contributor Registration Number, if PAC										
James M Long Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	eck etc.)		
							check			
4330 Mountview Rd	St	ate	Zip Code	М	l D	Y	Amount			
Columbus	0	l H	43220	1	2 5	1 9		50.00		
Full Name of Contributor	1		10220			nber, if P	AC	00.00		
Valerie Hayden										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
1851 Plains Blvd							check			
City	St	ate	Zip Code	М	D	Y	Amount			
Powell	0	Н	43065-9554	10	2 6	1 9		25.00		
Full Name of Contributor Registration Number, if PAC										
Julie L Brewer										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
1577 Barrington Rd						check				
City	St	ate	Zip Code	M	D	Y	Amount			
Columbus	0	Н	43221	1 0	2 6	1 9		50.00		

Page Total \$ 540.00

[•] 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)]