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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			<del></del>			
Carolyn Casper for UA Council						
Full Name of Contributor		<del></del>	Revistra	tion Num	ber, if PA	С
Ellen Clark					,	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
2441 Lytham Road		-				check
City	State	Zip Code	М	D	Y	Amount
Columbus	O + H	43220-4672	110	017	1 3	30.00
Full Name of Contributor	•				ber, if PA	
Sherry L Girves						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
5041 Greensboro Ct						check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОІН	43220-2409		0 9	1 3	50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Jennifer M Dillard						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
898 Chelsea Ave		In: o i	1			check
City	State	Zip Code	M	D	Y	Amount
Columbus Full Name of Contributor	OH	43209		2 4	13 ber, if PA	25.00
			Kegisua	uon Num	oei, ii rA	· .
John T Conroy Street Address	Employer/Occur	ration/Labor Organization*				Form (Cash, Check, etc.)
3363 Tremont Road	Lampioyenocean	adoli Daoor Organization				check
City	State	Zip Code	М	D	ΓY	Amount
Columbus	OIH	43221-2110	0 9		1 3	50.00
Full Name of Contributor	10:-	10221-2110			ber, if PA	
Millard B Byrne						•
Street Address	Employer/Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)
4317 Camborne Road						check
City	State	Zip Code	М	D	Y	Amount
Columbus	OIH	43220	1 0	213	1 3	30.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Ann Buchfinck						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1827 MacKenzie Drive						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OlH	43220			1 3	
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occup	oation/Labor Organization*	-			Form (Cash, Check, etc.)
	State	Zip Code	l M	D	Y	Amount
City	State	Zip Code		ľ	1	Autoun
Full Name of Contributor		·	Registra	tion Num	ber, if PA	c
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
		<u> </u>		]		

• 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	S	285.00