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Statement of Contributions Received

Prescribed by Secretary of State 3/05

ame of Committee in Full				
Carolyn Casper for UA Council			Registration Number, if F	PAC
ull Name of Contributor			(Cognotium of the control of the con	·
William R Westbrook	Employer/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
treet Address	Employer/Occupation/Labor	Organization		check
2722 Nottingham Rd	7 - 6-10		M D Y	Amount
City	State Zip Code	: 21-1149 _	0 8 2 7 1	9 100.00
Columbus	0 11 432.	21-1149	Registration Number, if	
ull Name of Contributor			(Cgistration 1-auto-1,	
Gwynyth L Mislin				Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		check	
4450 Haverford Ct			M D Y	Amount
City	State Zip Code			9 100.00
Columbus	O H 432	20-4313	0 8 2 7 1 Registration Number, if	<u> </u>
Full Name of Contributor			Registration Number, ii	FAC
Guido Mislin				Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labo	or Organization*		check
4450 Haverford Ct				
	State Zip Cod		M D Y	Amount 100.00
Calambas	O H 4 <u>32</u>	220-4313	0 8 2 7 1	<u> </u>
Columbus Full Name of Contributor			Registration Number, if	PAC
Loretta E Heigle	Employer/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
Street Address				check
3518 Rue De Fleur	State Zip Coo	de	M D Y	
City	O H 432	221	0 8 2 7 1	
Columbus			Registration Number, i	f PAC
Full Name of Contributor				
Michael Schadek	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Street Address				check
129 Arden Rd	State Zip Co	de	M D Y	1000
City	,	214 _		9 100.0
Columbus			Registration Number,	if PAC
Full Name of Contributor				
Kathy A Panning	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
Street Address	Employer	-		check
1990 Upper Chelsea Rd	State Zip Co	ode	''' -	Y Amount
City	1	3221	08271	9 100.0
Columbus	C 12 ±c	<u> </u>	Registration Number,	if PAC
Full Name of Contributor				
Patricia A Hadler	Employer/Occupation/La	abor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Laost 3/g		check	
1921 Suffolk Rd	State Zip C	ode	M D	Y Amount
City	1 1 '	3221-4215	0 8 2 7 1	100.
Columbus	0 11 4	7221-4210	Registration Number	
Full Name of Contributor			Ī -	
Robert J Long	10 10 10 10 T	abor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		check	
1625 Barrington Rd		Code	M D	Y Amount
City	State Zip (1 1	1 9 100.
• •	O H 4	3221		<u> </u>

Page Total \$	800.00
rage Iolai 3	800.00

^{*} 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)]