

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Carolyn Casper for UA Council										Registration Number, if PAC			
Full Name of Contributor Lauren Engler										Form (Cash, Check, etc.) check			
Street Address 6725 Vineyard Haven Loop				Employer/Occupation/Labor Organization*				Amount 25.00					
City Dublin		State O H		Zip Code 43016		M 0		D 8		Y 2 7 1 9			
Full Name of Contributor Daniel J Thomas										Registration Number, if PAC			
Street Address 2103 Inchcliff Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43221-2735		M 0		D 8		Y 2 7 1 9			
Full Name of Contributor Edward J Sweeney										Registration Number, if PAC			
Street Address 3801 Norbrook Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43220-4704		M 0		D 8		Y 2 7 1 9			
Full Name of Contributor Michele M Hoyle										Registration Number, if PAC			
Street Address 4175 Nottingham Gate Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Upper Arlington		State O H		Zip Code 43220		M 0		D 8		Y 2 7 1 9			
Full Name of Contributor Molly R Youngstrom Hagkull										Registration Number, if PAC			
Street Address 1735 Doone Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43221-3808		M 0		D 8		Y 2 7 1 9			
Full Name of Contributor Jodene M Scarbrough										Registration Number, if PAC			
Street Address 285 Reinhard Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43206		M 0		D 8		Y 2 7 1 9			
Full Name of Contributor John Joseph Leach Sr										Registration Number, if PAC			
Street Address 2471 Sherwood Villa				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43221-2646		M 0		D 8		Y 2 7 1 9			
Full Name of Contributor Barbara E Emery										Registration Number, if PAC			
Street Address 1991 Suffolk Rd Unit 1				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43221		M 0		D 8		Y 2 7 1 9			

* 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 \$ 350.00