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Statement of Contributions Received

Prescribed by Secretary of State 3/05

t Committee in Full								
Name of Committee in Full								
Carolyn Casper for UA Council				Registration Number, if PAC				
full Name of Contributor			•					
Lauren Engler	Employer/O	ccupati	ion/Labor Organization*				Form (Cash, Che	eck, etc.)
Street Address		•					check	
6725 Vineyard Haven Loop	State		Zip Code	М	D	Y	Amount	
City		н	43016	0 8	2 7	1 9		25.00
Dublin			43010			ber, if PA	.C	
Full Name of Contributor								
Daniel J Thomas	F1/C	\aaupat	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)
Street Address	Employer/C	ссира	NOW Earon Organization				check	
2103 Inchcliff Rd			7:- C-4:	Тм	D	Y	Amount	
City	State		Zip Code	0 8	2.7	1 9	1	25.00
Columbus	0	Н	43221-2735			ber, if PA		
Full Name of Contributor				Kegisua	HOII INGIA	1001, 11 17		
Edward J Sweeney							Form (Cash, Cl	neck, etc.)
Street Address	Employer/C)ccupa	tion/Labor Organization*				check	
3801 Norbrook Dr						Y	Amount	
City	State		Zip Code	M	D	1 .	1	50.00
Columbus		<u>H_</u>	43220-4704	0 8	2 7			50.00
Full Name of Contributor				Registra	ition Nun	nber, if Pa	AC	
Michele M Hoyle								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	neck, etc.)			
							check	
4175 Nottinghill Gate Rd	State	e	Zip Code	М	D	Y	Amount	# 0.00
City	O I	Η	43220	0 8				50.00
Upper Arlington				Registra	ation Nu	mber, if P	AC	
Full Name of Contributor				1			·	
Molly R Youngstrom Hagkull	Employer/Occupation/Labor Organization*						Form (Cash, C	heck, etc.)
Street Address	Employer	J	•••				check	
1735 Doone Rd	Stat		Zip Code	M	D	Y	Amount	
City	O	H	43221-3808	0 8	3 2 7	7 1 9	9 1	50.00
Columbus			43221-3000			mber, if F		
Full Name of Contributor								
Jodene M Scarbrough			· / 1 · O · · · · instign*				Form (Cash, C	Check, etc.)
Street Address	Employer	Occup	pation/Labor Organization*				check	
285 Reinhard Ave			T :	Тм	D	Y	Amount	
City	Sta		Zip Code		1			50.00
Columbus	U	Н	43206	10 8	5 <u>Z</u>	7 1 unber, if 1	PAC	00.00
Full Name of Contributor				Regist	ration IN	imber, ir	rac	
John Joseph Leach Sr							Form (Cash,	Check etc.)
Street Address	Employer/Occupation/Labor Organization*			check				
2471 Sherwood Villa	ļ							
	Sta	ate	Zip Code	M	D	_ Y	Amount	E0 00
City	0	H	43221-2646	0		7 1		50.00
Columbus Full Name of Contributor				Regis	tration N	umber, if	PAC	
								01 1 1
Barbara E Emery	Employer/Occupation/Labor Organization			Form (Cash, Check,				
Street Address	\						check	
1991 Suffolk Rd Unit 1	St	ate	Zip Code	M	D	Y	Amount	
City	"ن ا	ΙH	, ·	0	8 2	7 1	9	50.0
Columbus			didates. If contributor is self-	mployed, th		ation and	the name of the	

* 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