

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Carolyn Casper for UA Council									
Full Name of Contributor Patricia H Cloppert						Registration Number, if PAC			
Street Address 1940 Ridgeview Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Upper Arlington		State O H		Zip Code 43221		M 0		D 8	
						Y 2		Amount 250.00	
Full Name of Contributor Carole DePaola						Registration Number, if PAC			
Street Address 4944 Buck Thorn Ln				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43220		M 0		D 8	
						Y 2		Amount 250.00	
Full Name of Contributor Ronald J Koltak						Registration Number, if PAC			
Street Address 1963 Devon Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Upper Arlington		State O H		Zip Code 43212		M 0		D 8	
						Y 2		Amount 250.00	
Full Name of Contributor Diane C Reichwein						Registration Number, if PAC			
Street Address 1963 Devon Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43212-1043		M 0		D 8	
						Y 2		Amount 250.00	
Full Name of Contributor Catherine P Schilling						Registration Number, if PAC			
Street Address 4570 Coach Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43220-2902		M 0		D 8	
						Y 2		Amount 250.00	
Full Name of Contributor E Ann Gabriel						Registration Number, if PAC			
Street Address 2006 Mildens Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43221		M 0		D 8	
						Y 2		Amount 250.00	
Full Name of Contributor Richard B Neal Jr						Registration Number, if PAC			
Street Address 982 Jaeger St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43206		M 0		D 8	
						Y 2		Amount 250.00	
Full Name of Contributor James I Prater						Registration Number, if PAC			
Street Address 2000 Malvern Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43221		M 0		D 8	
						Y 2		Amount 250.00	

* 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)]