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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

me of Committee in Full				
Carolyn Casper for UA Council			Registration Number, if P	AC
Name of Contributor				
Patricia H Cloppert	Employer/Occupation	n/Labor Organization*		Form (Cash, Check, etc.)
eet Address	Employer/Occupant			check
1940 Ridgeview Rd	State 7	ip Code	M D Y	Amount
ty	State Z	43221	082719	250.00
Upper Arlington		43221	Registration Number, if I	
ill Name of Contributor				
Carole DePaola		// -h Organization*		Form (Cash, Check, etc.)
reet Address	Employer/Occupati	on/Labor Organization*		check
4944 Buck Thorn Ln			M D Y	Amount
ity	1	Zip Code	0 8 2 7 1	9 250.00
Columbus	OH	43220	Registration Number, if	<u> </u>
ull Name of Contributor			Registration runner, in	
Ronald J Koltak				Form (Cash, Check, etc.)
treet Address	Employer/Occupat	ion/Labor Organization*		check
1963 Devon Rd	State	Zip Code	M D Y	Amount 250.00
City	OIH	43212	0 8 2 1 1	/
Upper Arlington			Registration Number, if	PAC
ull Name of Contributor				
Diane C Reichwein	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Diaptoy view (			check
1963 Devon Rd	State	Zip Code	M D Y	•
City	OIH	43212-1043	0 8 2 2 1	9 250.00
Columbus		40212 1018	Registration Number, i	f PAC
Full Name of Contributor				·
Catherine P Schilling		tion/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupa	mon/Labor Organization		check
4570 Coach Rd		7: 0.1	M D Y	Amount
City	State	Zip Code	1 ''' 1 1	9 250.00
Columbus	OH	43220-2902	Registration Number,	
Full Name of Contributor			Registration (tumos),	•
E Ann Gabriel				Form (Cash, Check, etc.)
Street Address	Employer/Occup	ation/Labor Organization*		check
2006 Milden Rd	State	Zip Code	1 1 - 1	
City	UH	43221	08271	
Columbus			Registration Number,	if PAC
Full Name of Contributor				
Richard B Neal Jr	Employer/Occur	oation/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Cimpioy			check
982 Jaeger St	State	Zip Code	1 1 - 1	Y Amount
City	UIH	-		250.0
Columbus		40200	Registration Number	, if PAC
Full Name of Contributor			Ì	
James I Prater	- I - : 10	pation/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occt	pation Labor Organization		check
2000 Malvern Rd		7'- Codo	M D	Y Amount
City	State	Zip Code	1 - 1 1	1.9 250.0
Columbus	tatewide and general assembly car	43221	10 014 /1	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, t 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 \$	2,000.00