## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Carolyn Casper for UA Council				Ta i					
Full Name of Contributor				Registr	ation Num	iber, if PA	C		
George H Casper Jr	T								
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, et	c.)	
525 Stedway Ct	1						check		
City	Stat		Zip Code	M	D	Y	Amount		
Gahanna	01	Н	43230	110	218	1 3	5	50.00	
Full Name of Contributor Registration Number, if PAC									
Kristina S Rojas									
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, et	.c.)	
2330 Haverford Rd	1						check		
City	Stat	c	Zip Code	М	D	Y	Amount		
Columbus	01	Н	43220	110	20	113	5	50.00	
Full Name of Contributor				Registr	ation Nur	ber, if PA	С		
Anthony A & Elizabeth P O'Brochta									
Street Address	Employer/	Occupa	tion/Labor Organization*	-			Form (Cash, Check, et	c.)	
2217 Arlington Ave						check			
City	Stat	c	Zip Code	М	D	Y	Amount		
Columbus	101	Н	43221	1110	217	113	5	50.00	
Full Name of Contributor	<u>,                                    </u>				ation Nur				
John D Kost				1					
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, et	c.)	
2982 Halstead Rd	' '	•					check		
City	Stat	-	Zip Code	I M	TD	ΙΥ	Amount		
Columbus	01	H	43221	1110	219	1 3	25	50.00	
Full Name of Contributor	1 0 1		40221					70.00	
Barth J & Barbara A Falkenberg Street Address	Employer/	Occuma	tion/Labor Organization*			-	Form (Cash, Check, et	(c.)	
	Lampioyen	Occupa	adiveasor Organization	•			check	,	
2501 Onandaga Dr City	Stat	_	Zip Code	M	T D	ΙΥ	Amount		
		H	43221	1111	1	1 .		50.00	
Columbus	101	11	1 43221	1				0.00	
Full Name of Contributor Registration Number, if PAC									
Jody Scarbrough    Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)								- 1	
Street Address	Employer/Occupation/Labor Organization*				check				
2790 Alliston Ct	ļ		Tr. C. 1.	F 14	1 5	Y	Amount		
City	Stat		Zip Code	M	D			30.00	
Columbus	01	Н	43220	1111	0   1	113	10	00.00	
Full Name of Contributor				Kegistr	ation Num	ider, if PA	iC .		
Gerry & Joanna Wisemiller  Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)									
Street Address	Employer/	Occupa	tion/Labor Organization*					.c.)	
2553 Northwest Blvd			I	1	1 -		check		
City	Stat		Zip Code	M.	D	Y	Amount	-0.00	
Columbus	01	Н	43221	1 1		_		50.00	
Full Name of Contributor Registration Number, if PAC									
Deb Linville									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, et	ic.}			
1690 St James Ct	<u>                                     </u>		<u>.</u>		-		check		
City	Star		Zip Code	M	D	Y	Amount		
Columbus	<u>  0  </u>	Н	43220	111	0 1	1 3	<u> </u>	10.00	

\* 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)]

Page Total S	610.00
i age rom s	010.00