31-	Α		
R.C.	351	7.	10

Page_	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Carolvn Casper for UA Counce	Name of Committee in Full			· <u>-</u>				·-	
Full Name of Countbute Deborah B Linville									
Deborah B Linville Steet Address Employer/Occupation/Laber Organization* Form (Cath, Check, etc.) Check					In	·	1 10 D +		
Sever Address					Kegistra	nion Num	ber, ii PA		
1690 Saint James Court		le i	·/^	7.1.0					
State Zip Code M D Y Annount Z5.00	1	Employe	r/Occupa	ation/Labor Organization*					.)
Columbus									
Poll Name of Contributor State Zip Code M D Y Amount Columbus	l ·			·		1			
		10	п	43220					5.00
Sever Address					Registra	tion Num	ber, if PA	.C	
1990 Upper Chelsea Road	Jordan T Panning								
State Zip Code M D Y Amoust	Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)	.)
Columbus	1990 Upper Chelsea Road							check	
Full Name of Contributor State Zip Code M D Y Amount	City	St	ate	Zip Code	М	D	Y	Amount	
Full Name of Contributor	Columbus	υ	H	43221	019	1 1	113	25	5.00
Sure Address Employer/Occupation/Labor Organization* Source Cash, Check, etc.) Check Che	Full Name of Contributor	•	•	•					
Sure Address Employer/Occupation/Labor Organization* Source Cash, Check, etc.) Check Che	Vanessa W Baker								
State Zip Code M D Y Amount		Employe	r/Occupa	ation/Labor Organization*	-			Form (Cash, Check, etc.)	
State Zip Code	3190 Grigosview Court		•	-					•
Columbus		St	ate	Zip Code	М	D	Y		
Full Name of Contributor		lυ	ΙН	'-	nla	I	1 3		5.00
Theodore S & Bobbie L Celeste				10221					7.00
Employer/Occupation/Labor Organization*					i i i i				
1230 Oakland Ave		Employe	r/Occups	ation(Labor Organization*	<u> </u>			Form (Cash Check etc.)	$\overline{}$
State Zip Code M D Y Amount 50.00		Lamploy	Оссира	ation exect organization				, ,	,
Columbus				Tie Code	T 1/		l v		
Full Name of Contributor Gideon & Alice H Frankel Street Address City Columbus Full Name of Contributor Bonnie Miller Yerkes Street Address City Columbus Full Name of Contributor Bonnie Miller Yerkes Street Address City Columbus Full Name of Contributor Bonnie Miller Yerkes Street Address City Columbus Full Name of Contributor Bonnie Miller Yerkes Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City Columbus Full Name of Contributor Priscilla D Mead Street Address Ta99 La Rochelle Drive State City Columbus Form (Cash, Check, etc.) City Columbus Full Name of Contributor Form (Cash, Check, etc.) City Columbus Full Name of Contributor Form (Cash, Check, etc.) City Columbus Full Name of Contributor Form (Cash, Check, etc.) City Columbus Full Name of Contributor Form (Cash, Check, etc.) City Columbus Form (Cash, Check, etc.) City Columbus Form (Cash, Check, etc.) City Check City Amount Columbus Form (Cash, Check, etc.) Check City City Columbus Form (Cash, Check, etc.) Check City Columbus Form (Cash, Check, etc.) Check City Amount Check City Amount Amount Check City Amount) •			1 -			i .		3 00
Street Address Street Address State Zip Code M D Y Amount				[43212).00
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	•				Kegistra	tion Num	ber, ii PA	· .	
State Zip Code M D Y Amount		To .			<u> </u>				
State Zip Code M D Y Amount		Employe	r/Occupa	ition/Labor Organization*)
Columbus									
Full Name of Contributor Bonnie Miller Yerkes Street Address 1994 Inchcliff Road City Columbus Form (Cash, Check, etc.) Check Registration Number, if PAC Form (Cash, Check, etc.) Check City State City Columbus Form (Cash, Check, etc.) Check City State Columbus Columbus Form (Cash, Check, etc.) Check City State Cip Code M D Y Amount Form (Cash, Check, etc.) Check City State Cip Code M D Y Amount	1 ⁻			1 .					
Bonnie Miller Yerkes Street Address 1994 Inchcliff Road City Columbus Form (Cash, Check, etc.) Check City Columbus Full Name of Contributor Priscilla D Mead Street Address 1399 La Rochelle Drive City Columbus Form (Cash, Check, etc.) Check Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State City Columbus Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount Form (Cash, Check, etc.) Check City Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount			П	43220).00
Street Address					Registra	tion Numl	ber, if PA	С	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Bonnie Miller Yerkes								
City Columbus $O \mid H \mid 43221$ $O \mid 9 \mid 1 \mid 1 \mid 1 \mid 3$ $O \mid 9 \mid 9 \mid 1 \mid 1 \mid 1 \mid 3$ $O \mid 9 \mid 9 \mid 1 \mid 1 \mid 1 \mid 3$ $O \mid 9 \mid 9 \mid 1 \mid 1 \mid 1 \mid 3$ $O \mid 9 \mid 9 \mid 1 \mid 1 \mid 1 \mid 3$ $O \mid 9 \mid 9 \mid 9 \mid 1 \mid 1 \mid 1 \mid 3$ $O \mid 9 \mid $	Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.))
Columbus	1994 Inchcliff Road							che <u>ck</u>	
Full Name of Contributor Priscilla D Mead Street Address 1399 La Rochelle Drive City Columbus Columbus Full Name of Contributor Tim Lynch Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check N D Y Amount O H 43221 O D O D D D D D D D D D D D D D D D D D	City		ate	Zip Code					
Full Name of Contributor Priscilla D Mead Street Address 1399 La Rochelle Drive City Columbus Form (Cash, Check, etc.) Clumbus Form (Cash, Check, etc.) Check City Columbus Form (Cash, Check, etc.) Check City Columbus Full Name of Contributor Tim Lynch Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount	Columbus	U	H	43221	019	111	1 3	50	00.0
Street Address 1399 La Rochelle Drive City Columbus Form (Cash, Check, etc.) Check State State Zip Code M D Y Amount 50.00 Full Name of Contributor Tim Lynch Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check State Zip Code M D Y Amount Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount	Full Name of Contributor								
Street Address 1399 La Rochelle Drive City Columbus Form (Cash, Check, etc.) Check State State Zip Code M D Y Amount 50.00 Full Name of Contributor Tim Lynch Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check State Zip Code M D Y Amount Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount	Priscilla D Mead								
City State Zip Code M D Y Amount $O \mid H \mid 43221$ $O \mid 9 \mid 0 \mid 4 \mid 1 \mid 3 \mid 50.00$ Full Name of Contributor Tim Lynch Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount		Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)	
City State Zip Code M D Y Amount $O \mid H \mid 43221$ $O \mid 9 \mid 0 \mid 4 \mid 1 \mid 3 \mid 50.00$ Full Name of Contributor Tim Lynch Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount	1399 La Rochelle Drive							check	
Full Name of Contributor Tim Lynch Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check City State Zip Code M D Y Amount		St	ate	Zip Code	М	D	Y	·	
Full Name of Contributor Tim Lynch Street Address Street Address 2321 N 56th Terrace City State State Registration Number, if PAC Form (Cash, Check, etc.) check M D Y Amount	Columbus	U	H	43221	019	014	1 3	50	00.0
Tim Lynch Street Address Employer/Occupation/Labor Organization* 2321 N 56th Terrace State Zip Code M D Y Amount					_				
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 2321 N 56th Terrace State Zip Code M D Y Amount	Tim Lynch				1				
2321 N 56th Terrace Check City State Zip Code M D Y Amount		Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	.)
City State Zip Code M D Y Amount				.					•
		St	ate	Zip Code	М	D	Y		
	1 -					016	113		00.0

• 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 \$	335.00