## **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				Registration Number, if PAC				
				Kegisu	auon mu	noer, n r	AC	
Linda J Moulakis Street Address	Irla	/0	pation/Labor Organization*				Form (Cash, Cl	haalt ata \
	Employ	ei/Occup	ation/Labor Organization				, ,	neck, etc.)
4120 Mumford Rd	1		15.75	1 1	T 5	1 1/	check	
City	l _	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43220-4435	1 0				100.00
Full Name of Contributor				Registi	ration Nur	nber, if P.	AC	
James M Lynch				<u></u>				
Street Address	Employ	er/Occup	pation/Labor Organization*				Form (Cash, Cl	heck, etc.)
1828 Harwitch Road							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43221	1 0	2 4	1 9		250.00
Full Name of Contributor				Registr	ration Nur	nber, if P.	AC	
John A Lytle								
Street Address	Employ	Employer/Occupation/Labor Organization*					Form (Cash, Cl	neck, etc.)
4284 Brauton Rd							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43220-4302	1 0	2 3	1 9		50.00
Full Name of Contributor		<b>.</b>			ation Nu		AC	
Barbara E Emery				ŀ				
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)
1991 Suffolk Rd Unit 1							check	
City	St	ate	Zip Code	M	T D	Ϋ́	Amount	
Columbus	0	ΙН	43221	1 0	2 2	1 9		25.00
Full Name of Contributor			10221		ation Nur		AC	20.00
Tanya S Yepsen						,		
Street Address	Employe	er/Occum	ation/Labor Organization*	<u> </u>			Form (Cash, Cl	neck etc.)
	Jan.p.oy	мостр	w 24001 0. Gamman				check	,
1561 Barrington Rd		ate	Zip Code	М	D	Y	Amount	
•	lo	H H	-	1 .		1 9	, milouit	E0.00
Columbus Full Name of Contributor		11	43221-3836	1 9	2 2 ration Nur		A.C.	50.00
				Kegisu	ation Nu	iloei, ii r	nc .	
Susan W Turner Street Address	Iri.	(0					E (C1- Cl	
	Employer/Occupation/Labor Organization*						Form (Cash, Ch	seck, etc.)
2103 Inchcliff Rd	1		la: o l	1	T-5	1 17	check	
City	1	ate	Zip Code	M	D		Amount	
Columbus	0	Н	43221-2735	1 0		1 9		50.00
Full Name of Contributor				Registr	ation Nun	nber, if Pa	AC	
Elizabeth F Yassenoff								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	neck, etc.)
2012 Tremond Rd							check	
City	1	ate	Zip Code	M	D	Y	Amount	
Upper Arlington	10	Н	43221-4330	1 0				250.00
Full Name of Contributor				Registr	ation Nun	nber, if Pa	AC	
Merry M Hamilton								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)
1710 Essex Rd							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43221	1 0	2 8	1 9		100.00

Page Total \$ 875.00

<sup>•</sup> 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)]