

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Carolyn Casper for UA Council										Registration Number, if PAC		
Full Name of Contributor Cindy D Gudel										Form (Cash, Check, etc.) check		
Street Address 1475 London Dr				Employer/Occupation/Labor Organization*						Amount		
City Columbus		State O H		Zip Code 43221-1545		M 0 8		D 2 4		Y 1 9		
										50.00		
Full Name of Contributor Thomas F McIndoe										Registration Number, if PAC		
Street Address 1211 Kenbrook Hills Dr				Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43220		M 0 8		D 2 7		Y 1 9		
										150.00		
Full Name of Contributor John P Gilligan										Registration Number, if PAC		
Street Address 1420 Castleton Rd N				Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43220		M 0 8		D 2 7		Y 1 9		
										100.00		
Full Name of Contributor Cynthia K Gildersleeve										Registration Number, if PAC		
Street Address 2695 Bristol Rd				Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43221		M 0 8		D 2 7		Y 1 9		
										100.00		
Full Name of Contributor Phyllis M Newman										Registration Number, if PAC		
Street Address 136 W Jeffrey Pl				Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43214		M 0 8		D 2 7		Y 1 9		
										200.00		
Full Name of Contributor Iain L Grant										Registration Number, if PAC		
Street Address 2083 Fontenav Pl				Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43220		M 0 8		D 2 7		Y 1 9		
										200.00		
Full Name of Contributor Erik F Yassenoff										Registration Number, if PAC		
Street Address 1990 Hampshire Rd				Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check		
City Upper Arlington		State O H		Zip Code 43221-4117		M 0 8		D 2 7		Y 1 9		
										250.00		
Full Name of Contributor MS Kornacker										Registration Number, if PAC		
Street Address PO Box 218207				Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43221-8207		M 0 8		D 2 6		Y 1 9		
										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)]

Page Total \$ 1,300.00