Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Frescribed by See				1
Name of Committee in Full					
Carolyn Casper for UA Council			Registration Number	, if PAC	
Full Name of Contributor		•	Registration Number	,	
Cindy D Gudel		ation/Labor Organization*		Form	(Cash, Check, etc.)
Street Address	Employer/Occup		check		
1475 London Dr			MD	Y Amo	
City	State	Zip Code	1 *** 1	1 9	50.00
Columbus	OH	43221-1545	0 8 2 4 Registration Number		00.00
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Numbe	i, n i /ic	
Thomas F McIndoe				Form	(Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*				
1211 Kenbrook Hills Dr					heck
City	State	Zip Code	M D	Y Amo	
Columbus	U H	43220		1 9	150.00
Full Name of Contributor			Registration Number	er, if PAC	
John P Gilligan	Employer/Occup	pation/Labor Organization*			n (Cash, Check, etc.)
Street Address					heck
1420 Castleton Rd N	State	Zip Code	M D	- 1	ount
City	OIH	43220		1 9	100.00
Columbus			Registration Number	er, if PAC	
Full Name of Contributor					
Cynthia K Gildersleeve	Employer/Occu	pation/Labor Organization*		For	m (Cash, Check, etc.)
Street Address	Employen	F			check
2695 Bristol Rd	State	Zip Code	M D	Y Am	ount
City	OIH	1 -	0827	1 9	100.00
Columbus		43221	Registration Numb		
Full Name of Contributor	•				
Phyllis M Newman	Employer/Occupation/Labor Organization*			For	m (Cash, Check, etc.)
Street Address	Employer/Occi	ipation/Labor Organization		1,	check
136 W Jeffrey Pl		12: 0.1	MD		nount
City	State	Zip Code	0 8 2 7	1 9	200.00
Columbus	OIH	43214	Registration Numb		
Full Name of Contributor			Registration (value	, II	
Iain L Grant				Fo	rm (Cash, Check, etc.)
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			check
2083 Fontenay Pl					nount
City	State	Zip Code	M D		200.00
Columbus	014	1 43220	0 8 2 7	1 9	200.00
Full Name of Contributor			Registration Num	ber, if PAC	
Erik F Yassenoff					orm (Cash, Check, etc.)
	Employer/Occupation/Labor Organization*			FC	
Street Address					check
1990 Hampshire Rd	State	Zip Code	M D	1 . 1	mount
City	U F	1 43221-4117	0827		250.0
Upper Arlington			Registration Nun	nber, if PAC	
Full Name of Contributor					
MS Kornacker	Employer/Oc	cupation/Labor Organization'		F	orm (Cash, Check, etc.)
Street Address	\	÷			check
PO Box 218207	State	Zip Code	M D	Y	amount
City	1011	H 42221_8207	0826	1 9	250.0
Columbus Resident for contributions from individuals over \$100 to st.		1 data If contributor is se	f-employed, the occupation	on and the na	me of the

* 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