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				Registra	tion Num	her if PA	Ċ		
Nadine A Block				i cegisuu		o, n			
Street Address	Employe	r/Occuns	ation/Labor Organization*	Ь			Form (Cash, Ch	ect etc)	
3175 Tremont Road, Unit 514	Employer/Occupation/Labor Organization*				check			icck, cic.j	
City		ate	Zip Code	М	D	Y	Amount		
Columbus	U "	H H	43221	110		1 3	rançanı	25.00	
Full Name of Contributor		- 1 1	45221		tion Num			25.00	
Citizens to Elect Maureen Reedy				Regisua	HUII NUII	bei, ii rA	C		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
2777 Donna Drive	Lampioyer occupanion baoon organization				check				
City	<u> </u>	ate	Zip Code	Тм	D	Υ	Amount		
1 ·	ا ن	aie I H	·	1			Amount	250.00	
Columbus Full Name of Contributor		11	43220			1 3		250.00	
				Registra	tion Num!	ber, II PA	L		
David E & Estella M Scott	Ir i			<u> </u>			n (0 1 0		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
1553 Fishinger Road			la: o l	1			check		
City		ate L	Zip Code	M	D	Y	Amount	500.00	
Columbus		H	43221		2 5			500.00	
Full Name of Contributor				Registra	tion Numl	ber, if PA	C		
Brian P Rothenberg									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)	
5140 Autumn Fern Drive					check				
City		ate	Zip Code	M	D	Y	Amount		
Dublin	U	H	43016	10		1 3		50.00	
Full Name of Contributor				Registra	tion Numl	ber, if PA	С		
Geral W & JoAnne M Wisemiller									
Street Address	Employe	r/Occupa	ttion/Labor Organization*			1	Form (Cash, Ch	eck, etc.)	
2553 Northwest Blvd							check		
City		ate	Zip Code	M	D	Y	Amount		
Columbus	0	H	43221	110		1 3		75.00	
Full Name of Contributor				Registra	tion Numl	ber, if PA	С		
Dale P & Vicki G Butland				L.				-	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)			
3872 Stonewater Dirve							check		
City		ate	Zip Code	M	D		Amount		
Columbus	U	Н	43221	0 9	1 3	1 3		25.00	
Full Name of Contributor				Registra	tion Numl	ber, if PA	C		
John A & Cynthia A Lytle									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)			
4284 Braunton Rd		_					check		
City	St	ate	Zip Code	М	D		Amount		
Columbus		Н	43221		0 1	1 3		100.00	
Full Name of Contributor				Registra	tion Numl	ber, if PA	с		
Lenore E Mastracci									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
1826 Westwood Ave							check		
City	4	ate	Zip Code	М	D	Y	Amount		
Columbus	U	H	43212	1 0	012	1 3		50.00	

* 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 \$	1,075.00