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Statement of Contributions Received

Prescribed by Secretary of State 3/05

me of Committee in Full								į	
Carolyn Casper for UA Council				ID	an Manh	er if DAC			
ull Name of Contributor			Registration Number, if PAC						
Kathleen E Lach		<u> </u>					Form (Cash, Che	ck, etc.)	
reet Address	Employer/Occupation/Labor Organization*							check	
3910 Lyon Dr				T 34 T	D	Y	Amount		
ty	State		Cip Code	M	ı	1.9	I IIIOAIII	100.00	
Columbus	0	H	43220	0 9 Registrati				100.00	
all Name of Contributor				Registrati	ion inuiti	CI, II I A	C		
Theis Research & Consulting LLC							Form (Cash, Ch	eck, etc.)	
treet Address	Employer/Occupation/Labor Organization*				check			, ,	
433 E Whittier St					-	Y	Amount		
ity	State		Zip Code	M	D 7		Alilount	250.00	
Columbus	0	$H \perp$	43206-2326	0 9	0 7	1 9		250.00	
ull Name of Contributor				Registrat	non Num	ber, if PA			
Ronald F Arledge							Form (Cash, Cl	eck etc.)	
ROHARD FAHLERS	Employer/C	Occupat	ion/Labor Organization*				check	,	
2547 Swansea Rd	ì					T 17			
	State	:	Zip Code	M	D	Y	Amount	50.00	
City		Н	43221	0 9	1 5			50.00	
Columbus Full Name of Contributor				Registra	tion Nur	ber, if PA	AC		
							Form (Cash, C	hack etc.)	
UA Progressive Action	Employer/Occupation/Labor Organization*				•	neck, cic.)			
Street Address	l					1	check		
PO Box 21224	Stat	e	Zip Code	М	D	Y	Amount	250.00	
City A vlimaton	O	Н	43221	0 9				250.00	
Upper Arlington Full Name of Contributor				Registra	ation Nur	nber, if P	AC		
			•				E (Cook C	hack etc.)	
Mary G MacVicar	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Street Address							check		
3153 Bembridge Rd	Sta	te	Zip Code	M	D _	Y	Amount	50.00	
City	0	Η	43221-2203	0 9		7 1 9		50.00	
Columbus				Registi	ration Nu	mber, if I	AC		
Full Name of Contributor							Form (Cash,	Chack etc.)	
Nadine A Block	Employer/Occupation/Labor Organization*							check, cto.)	
Street Address						1 77	check		
3175 Tremont Rd, Unit 514	Sta	ate	Zip Code	M	D	Y	Amount	250.00	
City	0	Н	43221	0	<u>8 2 </u>	0 1	91	250.00	
Columbus				Regist	ration N	ımber, if	PAC		
Full Name of Contributor							E (Cook	Chack etc.)	
George H Casper	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Street Address	20					check			
525 Stedway Ct		tate	Zip Code	М	D	Y	Amount	250.0	
City	U	H	43230	0	8 2			250.0	
Gahanna				Regis	stration N	lumber, if	TAC		
Full Name of Contributor							F . (C. 1	Check etc.)	
Jane R Larson	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Street Address							check		
4082 Hawthorne Ln		State	Zip Code	М	D	1	l l	20.0	
City	10	1 H	43016	10	8 2	1 1	9	<u> 20.0</u>	

Page Total \$	1,220.00

^{*} 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)]