

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 Kathleen E Lach										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 3910 Lyon Dr										State O H		Zip Code 43220		M D Y 0 9 0 8 1 9		Amount 100.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor Theis Research & Consulting LLC										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 433 E Whittier St										State O H		Zip Code 43206-2326		M D Y 0 9 0 7 1 9		Amount 250.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor Ronald F Arledge										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 2547 Swansea Rd										State O H		Zip Code 43221		M D Y 0 9 1 5 1 9		Amount 50.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor UA Progressive Action										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address PO Box 21224										State O H		Zip Code 43221		M D Y 0 9 2 2 1 9		Amount 250.00	
City Upper Arlington										Registration Number, if PAC							
Full Name of Contributor Mary G MacVicar										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 3153 Bembridge Rd										State O H		Zip Code 43221-2203		M D Y 0 9 1 7 1 9		Amount 50.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor Nadine A Block										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 3175 Tremont Rd, Unit 514										State O H		Zip Code 43221		M D Y 0 8 2 0 1 9		Amount 250.00	
City Columbus										Registration Number, if PAC							
Full Name of Contributor George H Casper										Employer/Occupation/Labor Organization* 20				Form (Cash, Check, etc.) check			
Street Address 525 Stedway Ct										State O H		Zip Code 43230		M D Y 0 8 2 4 1 9		Amount 250.00	
City Gahanna										Registration Number, if PAC							
Full Name of Contributor Jane R Larson										Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
Street Address 4082 Hawthorne Ln										State O H		Zip Code 43016		M D Y 0 8 2 1 1 9		Amount 20.00	
City Dublin										Registration Number, if PAC							

* 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)]