31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Carolyn Casper fro UA Council							
Full Name of Contributor						Registration Number, if PAC	
James I & Jo-Ann Prater							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2000 Malvern Rd							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43221	10	06	13		50.00
Full Name of Contributor						Registration Number, if PAC	
Alice Faryna							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2263 Montague Ct							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43220	10	18	13		50.00
Full Name of Contributor						Registration Number, if PAC	
Phyllis M & John M Newman							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2090 Lower Chelsea Rd							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43212	10	06	13		100.00
Full Name of Contributor						Registration Number, if PAC	
Thomas R Griffin & Maureen L Reedy							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2777 Donna Dr							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43220	10	06	13		100.00
Full Name of Contributor						Registration Number, if PAC	
Patricia A Hadler							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2575 Leeds Rd							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43221	10	22	13		150.00
Full Name of Contributor						Registration Number, if PAC	
D Keith Nichols							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2891 Craigs Way							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43221	10	20	13		100.00
Full Name of Contributor						Registration Number, if PAC	
George W & Patthy McClain Evans							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
177 Lawrence Lane							check
City	State	Zip Code	M	D	Y		Amount
Reynoldsburg	O | H	43068	10	09	13		50.00
Full Name of Contributor						Registration Number, if PAC	
Judith B Hauser							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3161 Walden Ravines							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43221	10	27	13		25.00

* 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 $ 625.00