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Statement of Contributions Received

Prescribed by Secretary of State 3/05

ame of Committee in Full				
Carolyn Casper for UA Council			Registration Number, if P	AC
ull Name of Contributor			,	
Francis C Greenhill	Employer/Occupa	ntion/Labor Organization*		Form (Cash, Check, etc.)
treet Address	Employer			check
2243 Atlee Ct	State	Zip Code	M D Y	Amount
City	OIH	43220-5425	0 8 2 7 1	9 250.00
Upper Arlington		40220-0420	Registration Number, if I	PAC
ull Name of Contributor				
Priscilla D Mead	Flever/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
treet Address	Employer/Occup	attota Eabor Organization		check
1399 La Rochelle Dr	State	Zip Code	M D Y	Amount
City	State O I H	43221-1531	0 8 2 2 1	9 250.00
Columbus		43221-1331	Registration Number, if	
Full Name of Contributor				
Ann L Buchfinck		oation/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occup	batton/Labor Organization		check
1815 Mackenzie Dr		Ta: Cala	M D Y	Amount
City	State	Zip Code	1 1	9 50.00
Columbus	OH	43220	Registration Number, if	
Full Name of Contributor			in Cognition of the Cog	•
Catherine S Logsdon		at 1 Ointion*		Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organization*		check
2608 Trotterslane Dr			M D Y	
City	State	Zip Code	0 9 0 8 1	9 25.00
Columbus	OH	43235	Registration Number, i	
Full Name of Contributor			registration (tall of)	
Herbert A Hedden				Form (Cash, Check, etc.)
Street Address	Employer/Occi	upation/Labor Organization*		check
2491 Lane Rd		T= 0.1	M D Y	
City	State	Zip Code	0 9 0 8 1	250.00
Columbus	O F	43220-2831	Registration Number,	if PAC
Full Name of Contributor			(Cgistiation	
Melissa K Hedden				Form (Cash, Check, etc.)
Street Address	Employer/Occ	upation/Labor Organization*		check
2491 Lane Rd			M D	Y Amount
City	State	Zip Code	0 9 0 8 1	
Columbus	UIF	1 43220-2831	Registration Number,	
Full Name of Contributor			Registration 1 tame 11,	
Mary C Woods				Form (Cash, Check, etc.)
Street Address	Employer/Oc	cupation/Labor Organization*		check
357 Pinney Dr			M D	Y Amount
City	State	Zip Code	1 " -	50.00
Worthington		H 43085	0 9 0 8 1 Registration Number	
Full Name of Contributor			Registration (varioe)	, =:
Estelle M Scott				Form (Cash, Check, etc.)
Street Address	Employer/O	ecupation/Labor Organization*		check
1553 Fishinger Rd			TM D	Y Amount
	State	Zip Code	1 1 1	1 9 50.0
City Columbus The contributions from individuals over \$100 to statewing the contributions from the contributions of the contribution of the contribut	101	H 43221		. /

* 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 \$	1,175.00