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				Registr	ation Nur	nber, if P	AC	
Joann Prater								
Street Address	Employ	er/Occup	pation/Labor Organization*	-			Form (Cash, Ch	eck, etc.)
2000 Malvern Rd							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43221	1 0	2 8	1 9		50.00
Full Name of Contributor				Registra	ation Nur	nber, if P.	AC	
Jennifer Faure								
Street Address	Employ	er/Occup	oation/Labor Organization*	_			Form (Cash, Ch	eck, etc.)
2390 Wickliffe Rd	1						check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43221	1 1	0 1	1 9		50.00
Full Name of Contributor				Registra	ation Nur	nber, if P.	AC	
Mary Ann Krause								
Street Address	Employe	er/Occup	nation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1980 Upper Chelsea Rd							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Upper Arlington	0	H	43221	1 0	2 5	1 9		50.00
Full Name of Contributor				Registra	ation Nun	nber, if P	AC	
Paul D Kreitler								
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
1516 Doone rd							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43221	1 0	3 1	1 9		150.00
Full Name of Contributor				Registra	ation Nun	nber, if P	AC	
Adam C Miller								
Street Address	Employe	т/Оссир	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
1600 Roxbury Rd							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Marble Cliff	0	Н	43212-2724	1 1		1 9		100.00
Full Name of Contributor				Registra	ation Nun	nber, if Pa	AC	
Frederick G Cloppert								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1940 Ridgeview Rd							check	
City		ate	Zip Code	M	D .	Y	Amount	
Columbus	0	Н	43221-2805	1 1		1 9		200.00
Full Name of Contributor				Registra	ation Nun	nber, if P	AC	
Sue B Minor							,	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)		
2014 W Chelsea Rd					,		check	
City	I	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43212	1 0				250.00
Full Name of Contributor				Registra	ation Nun	nber, if P	AC .	
Susan Eubanks	In :	10				,	n (C : ~	1
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che	еск, etc.)
1875 Andover Rd			In: o .	1	T =		paypal	
City	l	ate I TT	Zip Code	M	D	Y	Amount	100.55
Columbus	0	Н	43212	1 0	1 0	1 9		100.00

* 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 \$	950.00