

# 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 Anita Rios					Registration Number, if PAC		
Street Address 2626 Robinwood Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Toledo	State O   H	Zip Code 43610	M 1   0	D 2   3	Y 1   5	Amount 50.00	
Full Name of Contributor Alice Faryna					Registration Number, if PAC		
Street Address 1814 Maxfield Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43212	M 1   0	D 2   5	Y 1   5	Amount 50.00	
Full Name of Contributor Bonnie Miller Yerkes					Registration Number, if PAC		
Street Address 1994 Inchcliff Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43221	M 1   0	D 2   5	Y 1   5	Amount 25.00	
Full Name of Contributor Mary E Berger					Registration Number, if PAC		
Street Address 1845 Guilford Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43221	M 1   0	D 2   5	Y 1   5	Amount 50.00	
Full Name of Contributor Lynn Friedman					Registration Number, if PAC		
Street Address 2971 White Bark Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State O   H	Zip Code 43211	M 1   0	D 2   5	Y 1   5	Amount 9.00	
Full Name of Contributor Richard P Gunther					Registration Number, if PAC		
Street Address 40 W Stafford Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State O   H	Zip Code 43085	M 1   0	D 2   6	Y 1   5	Amount 50.00	
Full Name of Contributor Nicole A Spretnak					Registration Number, if PAC		
Street Address 2432 Southway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43221	M 1   0	D 2   7	Y 1   5	Amount 50.00	
Full Name of Contributor Thomas F McIndoe					Registration Number, if PAC		
Street Address 1211 Kenbrook Hills Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43220	M 1   0	D 2   0	Y 1   5	Amount 50.00	

\* 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)]