Page <u>1</u>	Page 1

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				In		L :6D4	<u></u>		
				Kegisu	ation Num	ber, II PA	.C		
Dushka Aida Crane	Te	10		lacksquare			F (C-1 C-	-1x- X	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
1863 Suffolk Road			la: a :	- · · ·		T	check		
City	St		Zip Code	M	D	Υ	Amount	00.00	
Columbus Full Name of Contributor	0	Н	43221		20			80.00	
				Registr	ation Num	ber, if PA	C		
Barbara E Emery	- I							 	
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Che	ck, etc.)	
1991 Suffolk Road			,		,		check		
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0 1	H	43221	1 0		1 5		50.00	
Full Name of Contributor				Registr	ation Num	ber, if PA	c		
Elizabeth P O'Brochta									
Street Address	Employe	r/Occupa	etion/Labor Organization*				Form (Cash, Che	ck, etc.)	
2217 Arlington Avenue							check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43221	110	2 0	115		50.00	
Full Name of Contributor				Registr	ation Num	ber, if PA	С		
Lynn Friedman				i					
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
2971 White Bark Place					check				
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	01	Н	43221	1110	015	1 5		25.00	
Full Name of Contributor			<u> </u>		ation Num	ber, if PA	C		
James I & Jo-Ann Prater				1					
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Che	ck, etc.)	
2000 Malvern Raod							check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	0 1	Н	43221	110	117	115		50.00	
Full Name of Contributor	•			Registr	ation Num	ber, if PA	С		
Jodene Maxwell Scarbrough				1					
Street Address	Employe	r/Occupa	tion/Labor Organization*	•			Form (Cash, Che	ck, etc.)	
2790 Alliston Court	l						check		
City	Sta	ate	Zip Code	M	D	Y	Amount		
Columbus	01	Н	43220	1110	1 4	1 5		50.00	
Full Name of Contributor					ation Num				
Lynne M Lupton				1					
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Che	ck, etc.)	
1844 Barrington Road							check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43221	110	1210	115		100.00	
Full Name of Contributor	<u> </u>		·		ation Num		C		
Catherine Girves				1					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)		
258 N 21st Street	· · · · · · · · · · · · · · · · · ·				check				
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus		Н	43203	110	112	115		50.00	
	'' '		1 15 17 17				-		

* 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	\$ 455.0 0