Page	11 _
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Statement of Contributions Received

	Prescribed b	y Secreta	ry of State 3/05							
of Committee in Full										
Carolyn Casper for UA Council				Registrati	on Nui	nber,	if PAC			
Name of Contributor				<u> </u>						
Committee to Elect Sue Ralph	Employer/	Occupation	on/Labor Organization*				P		sh, Check, etc.)	
t Address	Employen	Occupani	-				_	chec	CK	
	Stat	e Z	ip Code	М	D		- 1	Amount	100.00	
	U		43221	0 8	2 . (9		100.00	
Columbus			10	Registrat	ion Nu	unber	if PAC	3		
Name of Contributor								- /C	ash, Check, etc.)	
	Employer	/Occupati	on/Labor Organization*				- 1	Form (C	ish, Check, co.	
et Address	Limployer								Amount	
	Sta	ite	Zip Code	М	D	1	Y	Amount		
y			·				1004	<u> </u>		
					Registration Number, if PAC					
Name of Contributor								E 10	Cash, Check, etc.)	
	Employe	r/Occupa	tion/Labor Organization*					Form (C	asii, Cheek, etc.,	
eet Address	Employ							A		
		ate	Zip Code	M	D		Y	Amoun	L	
ty	"		_				10.5	<u> </u>		
				Regist	ration 1	Numb	er, if P	AC .		
ill Name of Contributor								(C	Cash, Check, etc.)	
	Employ	er/Occup	ation/Labor Organization*					rorm (Casii, Check, City	
treet Address	Limpie							1.		
		State	Zip Code	M)	Y	Amou	п	
ity		1					10.0			
				Regis	tration	Num	per, if F	AC		
full Name of Contributor								15	(Cash, Check, etc.)	
•	Emplo	ver/Occu	oation/Labor Organization	*				Form	(Cash, Cheek, 511)	
Street Address	Limpie	, 						Amor	ınt	
		State	Zip Code	M	١	D.	Y	Allio	ant.	
City	\	1	_					PAC		
				Regi	stratio	n Nun	iber, if	PAC		
Full Name of Contributor								Form	(Cash, Check, etc.)	
	Empl	over/Occi	ipation/Labor Organization	ı *				1,011	. (0)	
Street Address	\ '	•					Y	Amo	ount	
		State	Zip Code	N	1	D	1 '			
City		1					mber, i	EPAC		
				Res	nstrati	on ivu	moer, i	11110		
Full Name of Contributor								For	m (Cash, Check, etc.)	
	Emp	loyer/Oc	cupation/Labor Organization	on*					(
Street Address	\ `				- 1	D	7	/ An	nount	
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City	1	- 1				ian M	umber	if PAC		
				R	gistra	HOH IN	annoer,			
Full Name of Contributor								Fo	orm (Cash, Check, etc.)	
	Em	ployer/O	ecupation Labor Organizat	ion*					,	
Street Address	1	-				D		Y A	mount	
		State	Zip Code	Ì	M	"	1	· [
City Descript for contributions from individuals over \$100 to states				1		1	- 1			

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 To	otal \$	100.00
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