

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Carolyn Casper for UA Council												
To Whom Paid Carolyn Casper							M	D	Y	Amount		
							0	5	1	1	8	35.00
Address 2545 Northwest Blvd				Purpose 2017 financial disclosure fee								
City Columbus				State O	H	Zip Code 43221		Check Number 313				
To Whom Paid McTigue & Colombo LLC							M	D	Y	Amount		
							0	7	2	1	8	150.00
Address 545 East Town Street				Purpose legal fees								
City Columbus				State O	H	Zip Code 43215		Check Number 314				
To Whom Paid							M	D	Y	Amount		
Address												
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address												
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address												
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address												
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address												
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address												
City				State		Zip Code		Check Number				