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			Registration Number, if PAC					
James I & Jo-Ann Prater			<u> </u>					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
2000 Malvern Road						check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43221	110	016	115		50.00	
Full Name of Contributor	,			tion Num		C		
Susan Downhower								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
3101 Leeds Road						check	• •	
City	State	Zip Code	I M	I D	Y	Amount	-	
Columbus	OIH	43221-2624	1	0 5			25.00	
Full Name of Contributor		1 40221-2024		tion Num		C	25.00	
William A Clark			in egisuu	iioii i taii	oci, 11 i i i			
Street Address	Employer/Occup	ation/I abor Organization*	_			Form (Cash, Ch	eck etc.)	
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
600 S High Street, Suite 202	Section	Tr. 0-1-	М	T	Y	check		
City	State	Zip Code	1	D		Amount	50.00	
Columbus	O H	43215-5622		0 5		<u> </u>	<u>50.00</u>	
Full Name of Contributor			Registra	tion Num	ber, ii PA	iC.		
Ann Lee Buchfinck	·					In 10 1 m		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
1827 MacKenzie Drive								
City	State	Zip Code	M	D	Y	Amount		
Columbus	OlH	43320-2929	0 9		115		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
David E & Estelle M Scott								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1553 Fishinger Road	ļ					check_		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43221	110	013	1 5		250.00	
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registra	tion Num	ber, if PA	ıC		
Erik F Yassenoff								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1990 Hampshire Road				check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43221	1110	017	1115		100.00	
Full Name of Contributor		10221		tion Num				
Bonnie Miller Yerkes			1					
Street Address	Employer/Occum	ation/Labor Organization*				Form (Cash, Ch	eck. etc.)	
1994 Inchcliff Road	емрюуетостарановивают отданиванов						,	
City	State	Zip Code	M	D	ΙΥ	check Amount	<u>-</u>	
1 ·	OIH	43221	1 0	Ι.	115		25.00	
Columbus Full Name of Contributor	1011	43221		tion Num		.C	23.00	
			,,,,,,,,,,		, 11 1 7			
Millard B Byrne	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
Street Address	строустоссирания высот отданивания				check			
4317 Cambourne Road	C	17 in Code	М	D	Y	Amount		
City	State	Zip Code		1		1	250.00	
Columbus	OH	43220	1019	2 8	1112		250.00	

• 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 \$	800.00
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