

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 James I & Jo-Ann Prater | | | | | Registration Number, if PAC | | |
| Street Address 2000 Malvern Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43221 | M 11 | D 06 | Y 115 | Amount 50.00 | |
| Full Name of Contributor Susan Downhower | | | | | Registration Number, if PAC | | |
| Street Address 3101 Leeds Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43221-2624 | M 11 | D 05 | Y 115 | Amount 25.00 | |
| Full Name of Contributor William A Clark | | | | | Registration Number, if PAC | | |
| Street Address 600 S High Street, Suite 202 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43215-5622 | M 11 | D 05 | Y 115 | Amount 50.00 | |
| Full Name of Contributor Ann Lee Buchfinck | | | | | Registration Number, if PAC | | |
| Street Address 1827 MacKenzie Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43320-2929 | M 09 | D 30 | Y 115 | Amount 50.00 | |
| Full Name of Contributor David E & Estelle M Scott | | | | | Registration Number, if PAC | | |
| Street Address 1553 Fishinger Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43221 | M 11 | D 03 | Y 115 | Amount 250.00 | |
| Full Name of Contributor Erik F Yassenoff | | | | | Registration Number, if PAC | | |
| Street Address 1990 Hampshire Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43221 | M 11 | D 07 | Y 115 | Amount 100.00 | |
| 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 11 | D 01 | Y 115 | Amount 25.00 | |
| Full Name of Contributor Millard B Byrne | | | | | Registration Number, if PAC | | |
| Street Address 4317 Cambourne Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43220 | M 09 | D 28 | Y 115 | Amount 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)]