## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Carolyn Casper for UA Council			Registration Nu	ımber. if PA	C	
Full Name of Contributor			icegistration i c		•	
Tanya S Yepsen		" " A O-manipotion*			Form (Cash, Check	, etc.)
Street Address	Employer/Occupation/Labor Organization*			check		
1561 Barrington Rd		Tr: 0.1	M D	ΙΥ	Amount	
City	State	Zip Code	$\begin{vmatrix} 1 & 1 & 2 \\ 0 & 8 & 2 \end{vmatrix}$		1	50.00
Columbus	OH	43221	Registration N			
Full Name of Contributor			Registration 14	umoer, r ·		
Marilyn W Pritchett					Form (Cash, Chec	k, etc.)
Street Address	Employer/Occupation/Labor Organization*			check		
4185 Chadbourne Dr		_,		ΙΥ	Amount	
City	State	Zip Code	M D		1	50.00
Columbus	OH	43220	100-	<u> </u>		30.00
Full Name of Contributor			Registration N	umber, it PA	4C	
Susan W Turner			L		Form (Cash, Chec	k etc.)
Street Address	Employer/Occu	pation/Labor Organization*			, ,	K, C(C.)
2103 Inchcliff Rd					check	
City	State	Zip Code	M D		Amount	E0.00
Columbus	O   H	43221-2735	0 8 2	7 1 9		50.00
Full Name of Contributor			Registration N	Number, if P.	AC	
		_				
Susan B McKay	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Street Address					check	
1200 Grandview Ave, Unit 304	State	Zip Code	M		Amount	=0.00
City	OIH	43212	0 8 2			50.00
Columbus			Registration 1	Number, if P	AC	
Full Name of Contributor		•				
Melissa J'Gordon	Employer/Occ			Form (Cash, Che	ck, etc.)	
Street Address	La.n.p. 13, 11				check	
2767 Folkstone Rd	State	Zip Code	M	Y	Amount	
City	UIL	<del>-</del>	0 8 2	7 1	9	75.00
Upper Arlington		10220	Registration	Number, if I	PAC	
Full Name of Contributor			ļ			
Christina G Monnier	Employer/Occupation/Labor Organization*			Form (Cash, Che	eck, etc.)	
Street Address	Employen				check	
1994 Suffolk Rd, Unit 2	State	Zip Code	М	D Y	Amount	
City	O I F	. 1	0 8 2	7 1	9	75.0
Upper Arlington		1 40221	Registration	Number, if	PAC	
Full Name of Contributor						
Gideon Fraenkel	- Ia	abor Organization*			Form (Cash, Ch	eck, etc.)
Street Address	Employer/Occupation/Labor Organization*			check		
3615 Romnay Rd		Zip Code	М	D Y	Amount	
City	State	1 '	0 8 2		9	100.0
Columbus		H 43220	Registration	Number, if		
Full Name of Contributor			ixegistration			
Kelly Trent Pro Shop					Form (Cash, Cl	neck, etc.)
Street Address	Employer/Oc	cupation/Labor Organization*			check	
3860 Trabue Rd			<del></del>	DY		
City	State	Zip Code	M			100.0
Columbus  Columbus individuals over \$100 to statewide	U   .	H 43228	0 8 2	2 7 1	9	100.0

\* 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 \$	550.00