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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	•							 		
Carolyn Casper for UA Council					Registration Number, if PAC					
Edward J Sweenev				A.C.B.Su		•	oci, ii 17			
Street Address	Employe	r/Occuna	ation/Labor Organization*	<u> </u>				Form (Cash, Check	etc.)	
3801 Norbrook Drive	Lampioyer/Occupation/Labor Organization							check		
City	St	ate	Zip Code	Тм	ΤD		Y	Amount		
Columbus		Н	43220-4704	110			1 5		25.00	
Full Name of Contributor			10220 1701		_		ber, if PA	c	20.00	
Hilda F Hensely				ľ			•			
Street Address	Employer/Occupation/Labor Organization*					-		Form (Cash, Check	etc.)	
3820 Smiley Road								check		
City	St	ate	Zip Code	М	D		Y	Amount		
Hilliard		Н	43026-9383	110	rlot	6	1 5		100.00	
Full Name of Contributor							ber, if PA			
Patricia H & Frederick G Cloppert										
Street Address	Employe	r/Occupa	ation/Labor Organization*					Form (Cash, Check, etc.)		
1940 Ridgeview Road								check		
City	Sta	ate	Zip Code	М	D		Y	Amount		
Columbus		Н	43221	110	lol	2	115		100.00	
Full Name of Contributor			<u> </u>		_	_	ber, if PA	c		
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Street Address	Employe	т/Оссира	ation/Labor Organization*					Form (Cash, Check	, etc.)	
City	St	ate	Zip Code	М	D		Y	Amount		
Full Name of Contributor				Registr	ation l	luml	ber, if PA	ر.C		
Street Address	Employe	r/Occupa	ation/Labor Organization*					Form (Cash, Check, etc.)		
City	St	ate	Zip Code	M	D		Y	Amount		
				<u> </u>				<u> </u>		
Full Name of Contributor				Registr	ation l	Vum	ber, if PA	vC		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
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City	St	ate	Zip Code	I M	D		Y	Amount		
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Full Name of Contributor				Registr	ation !	vum	ber, if PA	IC.		
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Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check	i, eic.)	
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City	St	ate I	Zip Code	M	Đ		Y	Amount		
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Full Name of Contributor Registration Number								ic .		
	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
Street Address										
City	c.	ate	Zip Code	М	E)	Y	Amount		
City	36		Zip Cook	";		1	Ι'n			
		1	1	1 1		<u>'</u>		name of the		

* 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 \$ 225.00