31-A
R.C. 3517.10

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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							
Full Name of Contributor						**Registration Number, if PAC**	
Karen S Folev							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4898 Sharon Ave							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O H	43214	0 9	1 1	1 3		75.00
Full Name of Contributor						**Registration Number, if PAC**	
William P & Kathy A Panning							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1990 Upper Chelsea Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O H	43221	0 9	1 1	1 3		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Marilyn J & John R Fiske							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1658 McCoy Road							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O H	43220	0 9	1 1	1 3		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Jean E Girves							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3651 Lagoon lane							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	O H	43026	0 9	1 1	1 3		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Gemma McLuckie							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2003 Tewksbury Road							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O H	43221	0 9	1 1	1 3		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Rose S & Manfred Luttinger							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2326 Brandon Road							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O H	43221	0 9	1 1	1 3		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Dennis J & Margaret L Concilla							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4041 Fairfax Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O H	43220	0 9	1 1	1 3		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Philip W & Deanna S Whitaker							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
8131 Hillingdon Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Powell	O H	43065	0 8	2 7	1 3		100.00

* 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 $ 775.00