

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 George H Casper Jr				Registration Number, if PAC		
Street Address 525 Stedway Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State O H	Zip Code 43230	M 1 0	D 2 8	Y 1 3	Amount 50.00
Full Name of Contributor Kristina S Rojas				Registration Number, if PAC		
Street Address 2330 Haverford Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43220	M 1 0	D 2 0	Y 1 3	Amount 50.00
Full Name of Contributor Anthony A & Elizabeth P O'Brochta				Registration Number, if PAC		
Street Address 2217 Arlington Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 7	Y 1 3	Amount 50.00
Full Name of Contributor John D Kost				Registration Number, if PAC		
Street Address 2982 Halstead Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 9	Y 1 3	Amount 250.00
Full Name of Contributor Barth J & Barbara A Falkenberg				Registration Number, if PAC		
Street Address 2501 Onandaga Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 3	Y 1 3	Amount 50.00
Full Name of Contributor Jody Scarbrough				Registration Number, if PAC		
Street Address 2790 Alliston Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43220	M 1 1	D 0 1	Y 1 3	Amount 100.00
Full Name of Contributor Gerry & Joanna Wisemiller				Registration Number, if PAC		
Street Address 2553 Northwest Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 1	Y 1 3	Amount 50.00
Full Name of Contributor Deb Linville				Registration Number, if PAC		
Street Address 1690 St James Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43220	M 1 1	D 0 1	Y 1 3	Amount 10.00

* 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)]