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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				1						
Full Name of Contributor				Registration Number, if PAC						
Robyn Harper										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
2200 York Rd								paypal		
City	St	ate	Zip Code	М	D		Y	Amount		
Columbus	О	Н	43221	0 8	2	7	1 9		50.00	
Full Name of Contributor				Registr	ation N	iumb	er, if P	AC		
Mary B Relotto										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
2390 Wickliffe Rd								paypal		
City	St	ate	Zip Code	M	D		Y	Amount		
Columbus	0	H	43221	0 8	2	7	1 9		50.00	
Full Name of Contributor	•		·		ation N	_	er, if P			
Mary Kilroy										
Street Address	Employe	т/Оссир	pation/Labor Organization*					Form (Cash, Chec	k, etc.)	
3100 Midgard Rd								paypal		
City	Sta	ate	Zip Code	М	D	T	Y	Amount		
Columbus	01	Н	43202	0 8	2	، ای	1   9	-	50.00	
Full Name of Contributor			40202		ation N			AC	50.00	
Negistation 1							•			
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Chec	k etc.)		
	Employer/occupation Labor Organization							l one (case, chos	.,	
City	Sta	ate	Zip Code	Тм	D	_	Y	Amount		
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Full Name of Contributor			l	Pagistr	ation N	umbe	er if D	1.C		
an in the condition				Registi	ation iv	uno	J1, 11 1 2	nc .		
treet Address Employer/Occupation/Labor Organization*								Form (Cash, Chec	l. ata )	
Succe Address	Employer/Occupation/Labor Organization*							Form (Cash, Chec	k, etc.)	
	- G		Iz: 6.1	1 1/	T 5		17			
City	Sta	ate	Zip Code	M	D	ł	Y	Amount		
						<u>↓</u>				
Full Name of Contributor Registration Number, if P/								AC		
	1=			<u> </u>						
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Checl	k, etc.)	
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City	Sta	ate	Zip Code	M	D		Y	Amount		
· .										
Full Name of Contributor				Registra	ation N	umbe	r, if P	AC		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Checl	k, etc.)	
City	Sta	ate	Zip Code	M	D	Т	Y	Amount		
						1				
Full Name of Contributor Registration Number, if PA						AC				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Checl	c, etc.)			
City	Sta	ate	Zip Code	М	D	Ţ	Y	Amount		
	1									
							1			

\* 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 \$ 150.00