

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 Robyn Harper | | | | | Registration Number, if PAC | | |
| Street Address 2200 York Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) paypal | | |
| City Columbus | State O H | Zip Code 43221 | M 0 | D 8 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Mary B Relotto | | | | | Registration Number, if PAC | | |
| Street Address 2390 Wickliffe Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) paypal | | |
| City Columbus | State O H | Zip Code 43221 | M 0 | D 8 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Mary Kilroy | | | | | Registration Number, if PAC | | |
| Street Address 3100 Midgard Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) paypal | | |
| City Columbus | State O H | Zip Code 43202 | M 0 | D 8 | Y 2 | Amount 50.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
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| City | State | Zip Code | M | D | Y | Amount | |

* 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