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								
UA Library Levy Campaign								
Full Name of Contributor							Registration Number, if PAC	
Janice Walsh								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2152 Middlesex							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43220	04	20	09		25.00	
Full Name of Contributor							Registration Number, if PAC	
Deborah Lindsay								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1897 Stanford Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43212	04	20	09		25.00	
Full Name of Contributor							Registration Number, if PAC	
Linda Huffenberger								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1787 Riverhill Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	04	18	09		100.00	
Full Name of Contributor							Registration Number, if PAC	
Sara Klein								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2194 Ridgeview Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	04	18	09		50.00	
Full Name of Contributor							Registration Number, if PAC	
Anonymous								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
							Cash	
City	State	Zip Code	M	D	Y		Amount	
			04	23	09		20.00	
Full Name of Contributor							Registration Number, if PAC	
Mary Janice Sawyer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1858 Langham Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	04	24	09		10.00	
Full Name of Contributor							Registration Number, if PAC	
Bonnie Emery								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1991 Suffolk Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	04	23	09		25.00	
Full Name of Contributor							Registration Number, if PAC	
George Hadler								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2477 Southway Dr.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	04	23	09		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 $ 355.00