31-A
R.C. 3517.10

Page 7

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**	
Charlotte Smith							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1802 Riverside Dr., Apt. 1130							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43212	0|3	2|7	0|9		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Jeffrey Stevenson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1817 Lynnhaven							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0|3	2|7	0|9		10.00
Full Name of Contributor						**Registration Number, if PAC**	
E.D. Svensson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4533 Kipling Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43220	0|3	2|7	0|9		25.00
Full Name of Contributor						**Registration Number, if PAC**	
H. Lewis Ulman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1536 College Hill Dr.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0|3	2|7	0|9		10.00
Full Name of Contributor						**Registration Number, if PAC**	
Nathan Hanson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3477 Sciotangy Dr.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0|3	3|0	0|9		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Jane Ellis							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2291 Walhaven Ct.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43220	0|3	3|1	0|9		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Sarah Magill							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2756 Andover Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0|3	3|1	0|9		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Estelle Scott							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1553 Fishinger Rd.							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0|3	3|1	0|9		25.00

* 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 $ 220.00