

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full UA Library Levv Campaign							
Full Name of Contributor Robin H. Comfort					Registration Number, if PAC		
Street Address 2275 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 1	D 2 5	Y 1 2	Amount 50.00	
Full Name of Contributor F.A. Lindsey					Registration Number, if PAC		
Street Address 2201 Arlington Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 1	D 2 5	Y 1 2	Amount 20.00	
Full Name of Contributor Ruth B. McNeil					Registration Number, if PAC		
Street Address 1494 Lafayette Dr., #B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 1	D 2 5	Y 1 2	Amount 25.00	
Full Name of Contributor Marilyn Pritchett					Registration Number, if PAC		
Street Address 4185 Chadbourne Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43220	M 0 1	D 2 5	Y 1 2	Amount 30.00	
Full Name of Contributor Sue Krell					Registration Number, if PAC		
Street Address 1811 Bedford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43212	M 0 1	D 2 5	Y 1 2	Amount 20.00	
Full Name of Contributor Jeanne Johnston					Registration Number, if PAC		
Street Address 1883 Andover Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 1	D 2 8	Y 1 2	Amount 35.00	
Full Name of Contributor Sylvia Gillis					Registration Number, if PAC		
Street Address 1810 N. Devon Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43212	M 0 6	D 0 1	Y 1 1	Amount 30.00	
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	

* 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)]