

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full UA Library Levy Campaign							
Full Name of Contributor Chadwick Alger					Registration Number, if PAC		
Street Address 2674 Westmont Blvd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 25.00	
Full Name of Contributor Joyce Allen					Registration Number, if PAC		
Street Address 2494 Abinton Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 20.00	
Full Name of Contributor Toni Auch					Registration Number, if PAC		
Street Address 1411 Fountain Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 25.00	
Full Name of Contributor Errol Bueche					Registration Number, if PAC		
Street Address 1465 Westminster Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 20.00	
Full Name of Contributor Shirley Christensen					Registration Number, if PAC		
Street Address 2200 Middlesex Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 3	D 2 7	Y 0 9	Amount 25.00	
Full Name of Contributor Joe Cofer					Registration Number, if PAC		
Street Address 1564 Barrington Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 50.00	
Full Name of Contributor Ida Copenhaver					Registration Number, if PAC		
Street Address 2448 Edington Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 30.00	
Full Name of Contributor Iris De la Motte					Registration Number, if PAC		
Street Address 4130 Oxford Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 3	D 2 7	Y 0 9	Amount 10.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 205.00