Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full										
UA Library Levy Campaign										
Full Name of Contributor	J. Commany Maryan					Registration Number, if PAC				
Chadwick Alger										
Street Address	Employe	r/Occupa	ation/Labor Organization					Form (Cash, Check	., etc.)	
2674 Westmont Blvd.								Check		
City	St	tate	Zip Code	М	D	П	Y	Amount		
Columbus	10	H	43221	0 3	3 2	7	0 9		25.00	
Full Name of Contributor Registration Number, if PAC										
Joyce Allen										
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check	(, etc.)		
2494 Abinton Rd.								Check		
City	St	tate	Zip Code	M	D	П	Ÿ	Amount		
Upper Arlington	0	H	43221	013	3 2	7	0 9		20.00	
Full Name of Contributor				NAME OF TAXABLE PARTY.	NAME OF TAXABLE PARTY OF		er, if PA	С		
Toni Auch										
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check	c, etc.)	
1411 Fountain Dr.								Check		
City	Sı	tate	Zip Code	М	D		Y	Amount		
Columbus	0	H	43221				0 9		25.00	
Full Name of Contributor				Regist	ration N	umb	er, if PA	C		
Errol Bueche										
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Checl	c, etc.)		
1465 Westminster Dr.							Check			
City	Sı	tate	Zip Code	М	D	T	Y	Amount		
Columbus	0	H	43221	0 3	3 2	7	0 9		20.00	
Full Name of Contributor	en de la company			Regist	ration N	umb	er, if PA	C		
Shirley Christensen										
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
2200 Middlesex Rd.			Check							
City	S	tate	Zip Code	М	D		Y	Amount		
Columbus	0	H	43220		3 2		0 9		25.00	
Full Name of Contributor				Regist	ration N	lumb	er, if PA	.C		
Joe Cofer										
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Chec	k, etc.)		
1564 Barrington Rd.								Check		
City	S	tate	Zip Code	М	D		Y	Amount		
Columbus	0	H	43221				0 9		50.00	
Full Name of Contributor				Regist	ration N	lumb	oer, if PA	ı.C		
Ida Copenhaver					***************************************	news-water				
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Chec	k, etc.)			
2448 Edington Rd.						Check				
City	S	tate	Zip Code	M	D	- 1	Y	Amount	•••	
Columbus	0	H	43221	0 3		7	0 9		30.00	
Full Name of Contributor Registration Number, if PA								vC		
Iris De la Motte										
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Chec	k, etc.)		
4130 Oxford Dr.								Check		
City	S	tate	Zip Code	M	D		Y	Amount		
Columbus	0	H	43220	and the same in th	3 2	SALES STREET	0 9	Contract of the Contract of th	10.00	
* D 4 for contributions over \$100 to statewide and general assemb	bly condidat	ac If con	tributor is self-employed accum	ation rati	er than	emn	lover she	ould be listed		

* 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