

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full U.A. Library Levy Campaign									
Full Name of Contributor Dr. Paul Keith, M.D. and Mrs. Anna Keith							Registration Number, if PAC		
Street Address 4424 Sussex Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 2		Y 3	
						Y 1		Y 6	
							Amount \$50.00		
Full Name of Contributor Christopher and Suzanne Widing							Registration Number, if PAC		
Street Address 1251 Kenbrook Hills Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 2		Y 3	
						Y 1		Y 6	
							Amount \$100.00		
Full Name of Contributor Patricia S. Furney							Registration Number, if PAC		
Street Address 2729 Zollinger Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 2		Y 3	
						Y 1		Y 6	
							Amount \$35.00		
Full Name of Contributor Sarah and John Magill							Registration Number, if PAC		
Street Address 2756 Andover Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 2		Y 2	
						Y 1		Y 6	
							Amount \$35.00		
Full Name of Contributor Marius and Shirley Christensen							Registration Number, if PAC		
Street Address 2200 Middlesex Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 2		Y 3	
						Y 1		Y 6	
							Amount \$25.00		
Full Name of Contributor Jennifer Heck							Registration Number, if PAC		
Street Address 2065 Fontenay Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal	
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 2		D 6	
						Y 1		Y 6	
							Amount \$100.00		
Full Name of Contributor George and Ruth Paulson							Registration Number, if PAC		
Street Address 3957 Lytham Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 2		D 5	
						Y 1		Y 6	
							Amount \$50.00		
Full Name of Contributor Tracy W. Peters							Registration Number, if PAC		
Street Address 2039 Collingswood Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 2		Y 3	
						Y 1		Y 6	
							Amount \$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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$495.00**