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## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								
UA Library Levy Campaign					W/K/AA			
Full Name of Contributor					Registration Number, if PAC			
Jack Burtch								
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Che	eck, etc.)	
1959 W. Lane Ave.					Check			
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОН	43221	0 4	1 4	0 9		150.00	
Full Name of Contributor					ber, if PA	C		
Jane Vollrath								
Street Address	Employer/Occup	ation/Labor Organization	L			Form (Cash, Ch	eck, etc.)	
					Check			
1007 Norway Dr.	State	Zip Code	l M	D	Y	Amount		
City	OH	43220	0 3		0 9		50.00	
Columbus Full Name of Contributor		1 40220	the state of the s	THE RESERVE OF THE PERSON NAMED IN COLUMN	ber, if PA	C		
			1.08.0.11					
Elizabeth G. Weadlock	Employar/Occup	ation/Labor Organization			-	Form (Cash, Ch	eck_etc.)	
Street Address	Employer/Occup				Check			
1805 Guilford Rd.	St. St.	Zip Code	М	D	Y	Amount		
City	State	1 -		1 ,	1	Anount	25.00	
Upper Arlington	O H	43221	$0 \mid 4$	Contraction of the second	0 9		25.00	
Full Name of Contributor			Kegistra	non Num	ber, if PA	C		
Dean Williams							*	
Street Address	Employer/Occupation/Labor Organization			j.			Form (Cash, Check, etc.)	
2302 Haviland Rd.		·	·	·	Check			
City	State	Zip Code	M	D	Y	Amount	<b>0</b> F 00	
Columbus	OH	43220	0 3		0 9		25.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Erik F. Yassenoff								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
2260 Swansea Rd.						Check		
City	State	Zip Code	M	D	Y	Amount		
Upper Arlington	OH	43221	0   4	0 3	0 9		250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Charlotte Yates								
Street Address	Employer/Occup	202000000			Form (Cash, Ch	ieck, etc.)		
4364 Airendel Ct.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43220	0 3	2 7	0 9		15.00	
Full Name of Contributor					ber, if PA			
Susan Yutzey								
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Cl	neck, etc.)	
1254 Norwell Dr.							Check	
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОН	43220	0 3	3 1	0 9		50.00	
Full Name of Contributor		10220			ber, if PA	.C		
					,			
Suebeth D. Zartman	Employar/Ocon	ation/Labor Organization				Form (Cash, Cl	neck, etc.)	
Street Address	Employer Occupation Labor Organization				Check			
2648 Swansea Rd.	G+-+-	Zip Code	М	D	Y	Amount		
City	State O H	43221		2 7	0 9	1	20.00	
Upper Arlington	OH	1 43221	0 3	WATER THE PARTY OF	Name and Address of the Owner, where the Owner, which the Owner, where the Owner, which the	ould be listed	∠0.00	

\* 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 \$ 585.00