

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full UA Library Levv Campaign							
Full Name of Contributor UA Library Foundation					Registration Number, if PAC		
Street Address 2800 Tremont Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 0 4	Y 0 9	Amount 10,000.00	
Full Name of Contributor Amv Sharpe					Registration Number, if PAC		
Street Address 2358 Northwest Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 0 9	Y 0 9	Amount 250.00	
Full Name of Contributor Sylvia Gillis					Registration Number, if PAC		
Street Address 1810 N. Devon Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43212	M 0 3	D 0 9	Y 0 9	Amount 50.00	
Full Name of Contributor Ruth O'Neill					Registration Number, if PAC		
Street Address 6118 Gioffe Woods Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43223	M 0 3	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor Ann Moore					Registration Number, if PAC		
Street Address 4951 Wallington Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 1 3	Y 0 9	Amount 200.00	
Full Name of Contributor Friends of the UA Library					Registration Number, if PAC		
Street Address 2800 Tremont Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 1 4	Y 0 9	Amount 3,500.00	
Full Name of Contributor Lea Dukat					Registration Number, if PAC		
Street Address 1311 Smallwood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43235	M 0 3	D 1 6	Y 0 9	Amount 0.75	
Full Name of Contributor Ruth Abrams					Registration Number, if PAC		
Street Address 1205 Kenbrook Hills 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 50.00	

* 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 appear. [R.C. 3517.10(B)(4)]