31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								
UA Library Levy Campaign								
Full Name of Contributor							Registration Number, if PAC	
Suebeth Zartman								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
2648 Swansea Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43221	11	08	11		50.00	
Full Name of Contributor							Registration Number, if PAC	
Joan Fuhrman								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
2068 Harwitch Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43221	11	08	11		25.00	
Full Name of Contributor							Registration Number, if PAC	
Katherine Hemleben								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
2092 Burgoyne Court							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43220	11	08	11		50.00	
Full Name of Contributor							Registration Number, if PAC	
John Burtch								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1959 W. Lane Ave.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43221	11	15	11		100.00	
Full Name of Contributor							Registration Number, if PAC	
Linda Huffenberger								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1787 N. Riverhill Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43221	11	15	11		50.00	
Full Name of Contributor							Registration Number, if PAC	
Jerome Johnson								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
2381 Haverford Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43220	11	15	11		25.00	
Full Name of Contributor							Registration Number, if PAC	
Beth Hamilton								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1181 Millcreek Ln.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43220	11	19	11		50.00	
Full Name of Contributor							Registration Number, if PAC	
Jennifer Faure								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
2390 Wickliffe Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43221	12	30	11		100.00	

* 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 $ 450.00