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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
UA Library Levy Campaign								
Full Name of Contributor	Contributor			Registration Number, if PAC				
No contributions received								
Street Address	Employer/Occu	pation/Labor Organization*	_			Form (Cash, Check, etc.)		
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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)]

Page Total \$