31-A
R.C. 3517.10

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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						**Registration Number, if PAC**	
James DeWille							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
2580 Clairmont Ct.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43220	04	06	09	25.00	
Full Name of Contributor						**Registration Number, if PAC**	
Jane Leach							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
1236 Kenbrook Hills Dr.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43220	04	06	09	100.00	
Full Name of Contributor						**Registration Number, if PAC**	
Blair Adams							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
2310 Dorset Rd.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43221	04	08	09	25.00	
Full Name of Contributor						**Registration Number, if PAC**	
Edward Seidel							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
4660 Stonehaven Dr.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43220	04	08	09	100.00	
Full Name of Contributor						**Registration Number, if PAC**	
Kelle Eubank							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
2010 Upper Chelsea Rd.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43221	04	10	09	100.00	
Full Name of Contributor						**Registration Number, if PAC**	
Pamela Bridgeport							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
3691 Romnay Rd.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43221	04	11	09	100.00	
Full Name of Contributor						**Registration Number, if PAC**	
Betty T. Messenger							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
2860 Rivertop Lane						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43220	04	11	09	25.00	
Full Name of Contributor						**Registration Number, if PAC**	
Nancy M. Smith							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
1670 Sussex Court						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43220	04	11	09	25.00	

* 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)]

Page Total $ 500.00