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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			
Friends of the UA Library							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
2800 Tremont Rd.		_				Check	
City	State	Zip Code	М	D	ΙΥ	Amount	
Columbus	ОІН	43221		019		1,000.00	
Full Name of Contributor	101.	43221			ber, if PA		
Put Name of Contributor			Кедізца	iioii ivuii	ibei, ii i A		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*					
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	iber, if PA	AC .					
Street Address	Employer/Occu		Form (Cash, Check, etc.)				
Ci	State	Zip Code	M	T D	ΙΥ	Amount	
City	State	Zip Code	";	"	l i	ranount	
			[D :	NI	iber, if PA		
Full Name of Contributor			Kegisua	anon Nun	10er, 11 PA	AC.	
Street Address	Employer/Occu	<u> </u>	Form (Cash, Check, etc.)				
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City	State	Zîp Code	M	D	Y	Amount	
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Full Name of Contributor			Registra	ation Nur	iber, if PA	AC .	
Street Address	Employer/Occu	<del>-</del>			Form (Cash, Check, etc.)		
Cíty	State	Zip Code	M	D	Y	Amount	
· · ·			1 1	l i			
Full Name of Contributor		<u> </u>	Registra	ation Nun	nber, if PA	AC .	
Tur Name of Controllor							
Co A I lance	Form (Cash, Check, etc.)						
Street Address	Дирюустосси	pation/Labor Organization*					
City	State	Zip Code	М	D	Y	Amount	
l,	I 1	'		1			
Full Name of Contributor			Registr		nber, if P	AC .	
Full Name of Contributor					,		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
Sheet Mades							
City	State	Zip Code	М	D	Y	Amount	
			1	1			
Full Name of Contributor	<u> </u>		Registr	ation Nur	nber, if PA	AC	
reet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization					
City	State	Zip Code	M	D	Y	Amount	
			1	1			
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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 \$ 1,000.00