Statement of Contributions Received

Prescribed by Secretary of State 3/05

<u> </u>							
Name of Committee in Full							
UA Library Levy Campaign							
Full Name of Contributor				Registration Number, if PAC			
Margaret Zidonis							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Che	ck, etc.)
1724 Churchview Lane					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43220	0 3	217	019		25.00
Full Name of Contributor	.1 .7				ber, if PA	С	
Kirk Fisher							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)
3864 Mountview Rd.		-				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43220	0 4	117	019		30.00
Full Name of Contributor		19220			ber, if PA	C	50.00
Sandra Grassso			١				
Street Address	Employer/Occus	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1838 Riverhill Rd.		Employer/occupations Easter Organization				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	0 H	43221	0 4	l .	019		20.00
Full Name of Contributor	1013	40221			ber, if PA		_0.00
Jeanne Johnston						,	
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Che	ck etc.)
1	Employer/Occup	oution capot organization				Check	
1883 Andover Rd.	State	Zip Code	М	D	TY	Amount	
	OH	43212	014		0 9		25.00
Columbus Full Name of Contributor	101	43212			ber, if PA	.c	23.00
!			rec _E isau		Dei, ii i i		
Scott Johnson	Employar/Occur	parion/Labor Organization*				Form (Cash, Che	ck etc.)
Street Address	EmployenOccu	Employer/Occupation/Labor Organization*				Check	
1720 Riverhill Rd.	State	Zip Code	М	ΤĎ	l Y	Amount	
City		1 '	0 4	l .	0 9	1	25.00
Columbus	ОГП	43221			ber, if PA		23,00
Full Name of Contributor			Registra	HOH LYMII	ibet, ii t i		
	Employer(Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				tom (casi, caca, cae,	
	State	Zip Code	M	D	ΙΫ́	Amount	
City	State	Zip Code	'''	Ĭ	Ιī	, anoun	
	1 1		Parietro	tion Num	ber, if PA	·C	
Full Name of Contributor			Kegisua	MON IVEE	1001, 11 1 7		
	le 1					Form (Cash, Che	rok etc l
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		7:- C-4:	М	D	ΙΥ	Amount	
City	State	Zip Code	NI I	1 1	1 1	Alloum	
			D auri stee	tion Num	ber, if PA	<u></u>	
Full Name of Contributor			Registra	addi Nun	10c1, 11 1'F	ı.	
	Fundamental shar Organization*					Form (Cash, Che	rk etc)
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				orm (Cash, Check, etc.)	
		State Zip Code			Y	Amount	
City	State !	Zip Code	M	Đ	'1		
1	<u> </u>	didates. If contributor is self-en	والمالية	l I		nome of the	

* 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)]

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Page Total \$	125.00	Ī