Page	3
rage	

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full					***************************************						
Name of Committee in Full											
UA Library Levy Campaign			Rec	Registration Number, if PAC							
Full Name of Contributor							,				
Anonymous	Employer/Occupation/Labor Organization					onsvereitenbyeit:		Form (Cash, Che	ck. etc.)		
Street Address	Employer/Occupation Labor Organization							Cash			
C.L.	Sta	ate	Zip Code	l M		D	Y	Amount			
City				- 1	4	2 3	0 9		20.00		
Full Name of Contributor						Registration Number, if PAC					
Mary Janice Sawyer							·				
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
1858 Langham Rd.	Zimpasy sar o sa spanie a sa s							Check			
City	St	ate	Zip Code	N	[D	Y	Amount			
Columbus	0	H	43221	0	4	2 4	0 9		10.00		
Full Name of Contributor							ber, if PA	C			
Bonnie Emery											
Street Address	Employe	Employer/Occupation/Labor Organization			ingagas.	egas-eranamens, impersión		Form (Cash, Check, etc.)			
1991 Suffold Rd.								Check			
City	St	ate	Zip Code	N	1	D	Y	Amount			
Upper Arlington	0	H	43221	0	4	2 3	0 9		25.00		
Full Name of Contributor		(negenominary emply h)		Re	gistra	tion Nun	iber, if PA	.С			
George Hadler											
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
2477 Southway Dr.								Check			
City	St	ate	Zip Code	Ŋ	1	D	Y	Amount			
Columbus	0	H	43221	0	4	2 3	0 9		100.00		
Full Name of Contributor Registration Number, if PAC											
Karen Mader											
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
2873 Eastcleft Dr.				y			1	Check			
City	1 _	ate	Zip Code	N		D	Y	Amount	05.00		
Upper Arlington	0	H	43221	0		and the second second	in the contract of the contrac		25.00		
Full Name of Contributor				Re	gistra	ition Nur	nber, if PA	AC .			
Bricker & Eckler LLP						14- \					
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
100 S. Third St.			Is a l			T 5	ΙΥ	Check Amount			
City	1	ate	Zip Code	l l	-	D		B.	100.00		
Columbus	I O	H	43215				0 9		100.00		
Full Name of Contributor				N.C	gisua	uon Nu	noci, n i r				
Diane Brant	IF1	-/0	ation / abor Organization		wan sobs	CONTRACTOR SECURITION		Form (Cash, Ch	eck etc.)		
Street Address	Employer/Occupation/Labor Organization							Check			
84 E. Longview Ave.		ate	Zip Code		A	T D	ΤΥ	Amount	·		
City	1 _	H	43202	- 1		1 .	1 .		15.00		
Columbus	O H 43202 0 5 0 2 0 9 Registration Number, if PA						10.00				
Full Name of Contributor Laura MacDonald				1.0	Pronc						
	Employer/Occupation/Labor Organization			Form (Cash, Ch	eck, etc.)						
Street Address	Employer/Occupation Dator Organization					Check					
3864 Mountview Rd.		ate	Zip Code	1 7	/I	D	Y	Amount			
Columbia:	l o"	H	43220	- 1	4	1 .	1 .	8	30.00		
Columbus			1 10440	<u> </u>	1,1	1,41/	escential and a second	auld be listed			

* 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 \$ 325.00