

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GRANDVIEW LIBRARY LEVY COMMITTEE						
Full Name of Contributor MICHAEL ALLARDYCE				Registration Number, if PAC		
Street Address 1346 LINCOLN RD.		Employer/Occupation/Labor Organization REALTOR, O'MALLEY REAL ESTATE			Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 08	D 17	Y 16	Amount 200.00
Full Name of Contributor FRIENDS OF THE GRANDVIEW LIBRARY				Registration Number, if PAC		
Street Address 1685 W. 1ST AVE		Employer/Occupation/Labor Organization CHARITABLE ORGANIZATION			Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 08	D 26	Y 16	Amount 2700.00
Full Name of Contributor RYAN MCDONNELL				Registration Number, if PAC		
Street Address 22325 MEADOW RD		Employer/Occupation/Labor Organization GRANDVIEW LIBRARY DIRECTOR			Form (Cash, Check, etc.) Check	
City MARTSVILLE	State OH	Zip Code 43040	M 08	D 26	Y 16	Amount 100.00
Full Name of Contributor JANICE WILLIAMS				Registration Number, if PAC		
Street Address 1963 VILLAGE CT.		Employer/Occupation/Labor Organization RETIRED			Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 08	D 26	Y 16	Amount 500.00
Full Name of Contributor ROBERT MACKAY				Registration Number, if PAC		
Street Address 1274 W. 2ND AVE.		Employer/Occupation/Labor Organization RETIRED			Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 09	D 01	Y 16	Amount 40.00
Full Name of Contributor MARY LUDLUM				Registration Number, if PAC		
Street Address 5108 SOUTHMINSTER RD.		Employer/Occupation/Labor Organization RETIRED			Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43221	M 09	D 01	Y 16	Amount 150.00
Full Name of Contributor GRANDVIEW HEIGHTS LIBRARY FOUNDATION BOARD				Registration Number, if PAC		
Street Address 1685 W. 1ST AVE		Employer/Occupation/Labor Organization CHARITABLE ORGANIZATION			Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 09	D 16	Y 16	Amount 2500.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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 also appear. (R.C. 3517.10(B)(4))

Page Total \$ **6190.00**