

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO SAVE OUR LIBRARIES									
Full Name of Contributor KATHLEEN M. BRIGHT						Registration Number, if PAC			
Street Address 2916 BUXTON LANE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GROVE CITY				State OH		Zip Code 43123		Amount \$300.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		Amount	
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Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		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)]