31-A					
R.C.	351	7.	10		

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full						
UA Library Levy Campaign						
Full Name of Contributor			Registra	tion Num	ber, if PA	ı.C
Friends of the UA Library						
Street Address	Employer/Occu	pation/Labor Organization	on*,			Form (Cash, Check, etc.)
2800 Tremont Rd.						Check
Cíty	State	Zip Code	М	D	Y	Amount
Upper Arlington	OIH	43221	016	115	115	1,000.00
Full Name of Contributor		10 - 1			ber, if PA	
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C:	State	Zip Code	M	D	ΙY	Amount
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City	State	Zip Code	M	D	Y	Amount
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Full Name of Contributor	<u> </u>	-	Registra	tion Nur	ber, if PA	.c
Tail Table of Conditions.						
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
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0:	State	Zip Code	M	D	ΙΥ	Amount
City	State	Zip Code	"	l	1 1	Allowit
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Full Name of Contributor			Registra	tion Nun	iber, if PA	
	<u> </u>					Form (Cash, Check, etc.)
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City	State	Zip Code	M	D	Y	Amount
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Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .
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Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
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Full Name of Contributor	<u> </u>		Registra	tion Nun	ber, if PA	AC
Street Address	Employer/Occu	ipation/Labor Organizati	on*		-	Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
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Full Name of Contributor			Registra	tion Nun	nber, if P	AC .
Street Address	Employer/Occupation Labor Organization*				Form (Cash, Check, etc.)	
1						
City	State	Zip Code	M	D	Y	Amount
l [*]						
	_ <u>'</u>			<u> </u>		

Page Total \$	1,000.00

^{*} 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)]