

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full U.A. Library Levy Campaign						
Full Name of Contributor Sylvia Gillis and Eric Tarbox				Registration Number, if PAC		
Street Address 1810 N. Devon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43212	M 1	D 0	Y 2 4 1 6	Amount \$100.00
Full Name of Contributor Reginald and Pamela Rahn				Registration Number, if PAC		
Street Address 2135 Sandston Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 1	D 1	Y 0 1 1 6	Amount \$25.00
Full Name of Contributor Lea Dukat				Registration Number, if PAC		
Street Address 1311 Smallwood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43235	M 1	D 1	Y 0 4 1 6	Amount \$5.00
Full Name of Contributor Mary Ann Krauss				Registration Number, if PAC		
Street Address 1980 Upper Chelsea Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	M 1	D 1	Y 0 1 1 1	Amount \$50.00
Full Name of Contributor Jane Hastie				Registration Number, if PAC		
Street Address 2301 Brandon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2 3 1 6	Amount \$40.00
Full Name of Contributor Cameron Mitchell				Registration Number, if PAC		
Street Address 2000 Tremont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43212	M 1	D 0	Y 2 7 1 6	Amount \$100.00
Full Name of Contributor Alice Finley				Registration Number, if PAC		
Street Address 3406 Colchester Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 3 0 1 6	Amount \$30.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 **\$350.00**