

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 360 Water, Inc. (Laura Raish)							Registration Number, if PAC		
Street Address 965 West Third Avenue				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43212		M 0 D 9 Y 2		Amount \$250.00	
Full Name of Contributor Gloria Heydlauff							Registration Number, if PAC		
Street Address 2390 Sheringham Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Columbus		State OH		Zip Code 43221		M 0 D 9 Y 1		Amount \$500.00	
Full Name of Contributor Gregory Ramage							Registration Number, if PAC		
Street Address 337 Chatham Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Columbus		State OH		Zip Code 43214		M 0 D 9 Y 1		Amount \$50.00	
Full Name of Contributor Katherine Porter							Registration Number, if PAC		
Street Address 4602 Tuttle Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Dublin		State OH		Zip Code 43017		M 0 D 9 Y 1		Amount \$50.00	
Full Name of Contributor Gary Bowen							Registration Number, if PAC		
Street Address 2825 Eastcleft Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Columbus		State OH		Zip Code 43221		M 0 D 9 Y 2		Amount \$250.00	
Full Name of Contributor Michael Edwards							Registration Number, if PAC		
Street Address 1895 Cambridge Boulevard				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Columbus		State OH		Zip Code 43212		M 0 D 9 Y 2		Amount \$50.00	
Full Name of Contributor Kathleen Jones							Registration Number, if PAC		
Street Address 4410 Clearbrook Court				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Columbus		State OH		Zip Code 43220		M 0 D 9 Y 2		Amount \$100.00	
Full Name of Contributor Ruth McNeil							Registration Number, if PAC		
Street Address 1494 Lafayette Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Upper Arlington		State OH		Zip Code 43220		M 0 D 9 Y 1		Amount \$50.00	

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

Page Total **\$1,300.00**