

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

|                                                              |                       |                          |                                        |                   |                   |                             |                                          |  |  |
|--------------------------------------------------------------|-----------------------|--------------------------|----------------------------------------|-------------------|-------------------|-----------------------------|------------------------------------------|--|--|
| Name of Committee in Full<br><b>UA Library Levy Campaign</b> |                       |                          |                                        |                   |                   |                             |                                          |  |  |
| Full Name of Contributor<br><b>Marilyn Hood</b>              |                       |                          |                                        |                   |                   | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>3310 Somerford Rd.</b>                  |                       |                          | Employer/Occupation/Labor Organization |                   |                   |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43221</b> | M<br><b>1   1</b>                      | D<br><b>0   3</b> | Y<br><b>1   1</b> | Amount<br><b>20.00</b>      |                                          |  |  |
| Full Name of Contributor<br><b>Jeanne C. Johnston</b>        |                       |                          |                                        |                   |                   | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>1883 Andover Rd.</b>                    |                       |                          | Employer/Occupation/Labor Organization |                   |                   |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43212</b> | M<br><b>1   1</b>                      | D<br><b>0   3</b> | Y<br><b>1   1</b> | Amount<br><b>25.00</b>      |                                          |  |  |
| Full Name of Contributor<br><b>Don Davis</b>                 |                       |                          |                                        |                   |                   | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>1857 Mackenzie Dr.</b>                  |                       |                          | Employer/Occupation/Labor Organization |                   |                   |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43220</b> | M<br><b>1   1</b>                      | D<br><b>0   4</b> | Y<br><b>1   1</b> | Amount<br><b>15.00</b>      |                                          |  |  |
| Full Name of Contributor<br><b>Marcie Seidel</b>             |                       |                          |                                        |                   |                   | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>4660 Stonehaven Dr.</b>                 |                       |                          | Employer/Occupation/Labor Organization |                   |                   |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43220</b> | M<br><b>1   1</b>                      | D<br><b>0   4</b> | Y<br><b>1   1</b> | Amount<br><b>100.00</b>     |                                          |  |  |
| Full Name of Contributor<br><b>Walter Ersing</b>             |                       |                          |                                        |                   |                   | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>2230 Swansea Rd.</b>                    |                       |                          | Employer/Occupation/Labor Organization |                   |                   |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43221</b> | M<br><b>1   1</b>                      | D<br><b>0   4</b> | Y<br><b>1   1</b> | Amount<br><b>25.00</b>      |                                          |  |  |
| Full Name of Contributor<br><b>Wm. Goldthwaite</b>           |                       |                          |                                        |                   |                   | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>2694 Westmont Blvd.</b>                 |                       |                          | Employer/Occupation/Labor Organization |                   |                   |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43221</b> | M<br><b>1   1</b>                      | D<br><b>0   5</b> | Y<br><b>1   1</b> | Amount<br><b>25.00</b>      |                                          |  |  |
| Full Name of Contributor<br><b>Friends of the UA Library</b> |                       |                          |                                        |                   |                   | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>2800 Tremont Rd.</b>                    |                       |                          | Employer/Occupation/Labor Organization |                   |                   |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43221</b> | M<br><b>1   1</b>                      | D<br><b>0   8</b> | Y<br><b>1   1</b> | Amount<br><b>5,000.00</b>   |                                          |  |  |
| Full Name of Contributor<br><b>M.S. Christensen</b>          |                       |                          |                                        |                   |                   | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>2200 Middlesex Rd.</b>                  |                       |                          | Employer/Occupation/Labor Organization |                   |                   |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43220</b> | M<br><b>1   1</b>                      | D<br><b>0   8</b> | Y<br><b>1   1</b> | Amount<br><b>25.00</b>      |                                          |  |  |

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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(13)(4)

Page Total \$ 5,235.00