## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full									
UA Library Levy Campaign									
Full Name of Contributor						Registration Number, if PAC			
Eileen Dobias						•			
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check	k, etc.)	
2260 Buckley Rd.	Display of the part of the par						Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus		Н	43220	0 3	2   7	0 9		25.00	
Columbus 0 11 43220 0 3 2 7 0 9  all Name of Contributor Registration Number, if PA							.C		
Walter Ersing									
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check	k, etc.)		
2230 Swansea Rd.							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	10	H	43221	0 3	2 7	0 9		20.00	
Full Name of Contributor		Charles and Charle		CONTRACTOR OF THE PERSON NAMED IN COLUMN	tion Num	Complete Contrate (Contrate Contrate Co	C		
Marion Folkerth									
Street Address	Employe	Employer/Occupation/Labor Organization					Form (Cash, Checl	k, etc.)	
2027 Andover Rd.							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus		H	43212	0 3	2 7	0 9		50.00	
Full Name of Contributor	<u> </u>	denomination (CA)		Registra	tion Num	ber, if PA	C	may make provide an array of the last of t	
Patricia Furney									
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
2729 Zollinger Rd.					Check				
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus	0	H	43221	0 3	2 7	0 9		25.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	.C		
Steven Glass									
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
1817Inchcliff Rd.							Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus	0	H	43221	0 3	2 7	0 9		30.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .		
Ken Guillory									
Street Address	Employe	Employer/Occupation/Labor Organization					Form (Cash, Chec	k, etc.)	
3836 Patricia Dr.							Check		
City	1 .	ate	Zip Code	M	D	Y	Amount	20.00	
Columbus		H	43220		2 7			20.00	
Full Name of Contributor Registration Number, if PA							AC .		
Jo Ann Hall	1				Assaina managaga		F (C ) C	14- \	
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
3880 Woodbridge Rd.					1 -	1 ,,	Check		
City	_ I _	tate	Zip Code	M	D	Y	Amount	25.00	
Columbus	10	H	43220	0 3		09		25.00	
Full Name of Contributor				Kegistra	tion Num	oer, ii PA	NC .		
Richard Harned	15 -	10	<i>(</i>	<u></u>			Form (C-al- Class	le oto \	
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Chec	к, ею.)	
2723 Brandon Rd.	State Zip Code M				Ιn	Y	Check Amount		
City	١ _		Zip Code 43221	M	$\begin{vmatrix} D \\ 2 \end{vmatrix} 7$	$\begin{bmatrix} 1 \\ 0 \end{bmatrix} 9$	i	20.00	
Columbus	<u> </u>	H		0 3		A STATE OF THE PARTY OF THE PAR		۷۵.00	

\* 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(B)(4)

Page Total \$ 215.00