

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 Heather Gillie						Registration Number, if PAC	
Street Address 1934 Elmwood Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal	
City Upper Arlington			State OH	Zip Code 43212	M 0	D 9	Y 2 0 1 9
						Amount \$50.00	
Full Name of Contributor Kelly Dusseau						Registration Number, if PAC	
Street Address 2630 York Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal	
City Columbus			State OH	Zip Code 43221	M 0	D 9	Y 2 1 1 6
						Amount \$25.00	
Full Name of Contributor Sara Royer						Registration Number, if PAC	
Street Address 2654 Henthorn Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal	
City Columbus			State OH	Zip Code 43221	M 0	D 9	Y 2 1 1 6
						Amount \$50.00	
Full Name of Contributor Michaela and Patrick Burriss						Registration Number, if PAC	
Street Address 1976 Northwest Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal	
City Columbus			State OH	Zip Code 43212	M 0	D 9	Y 2 2 1 6
						Amount \$10.00	
Full Name of Contributor Carolyn Copeland Trust / Carolyn Copeland TTEE						Registration Number, if PAC	
Street Address 2517 Brixton Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus			State OH	Zip Code 43221	M 0	D 9	Y 2 0 1 6
						Amount \$25.00	
Full Name of Contributor M. Jameson Crane / Timothy T. Miller						Registration Number, if PAC	
Street Address 2289 Onandaga Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus			State OH	Zip Code 43221	M 0	D 9	Y 2 1 1 6
						Amount \$100.00	
Full Name of Contributor Ann L. Royer						Registration Number, if PAC	
Street Address 1845 Maxfield Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus			State OH	Zip Code 43212	M 0	D 9	Y 2 1 1 6
						Amount \$100.00	
Full Name of Contributor Steven and Sarah Walker						Registration Number, if PAC	
Street Address 1926 Collingswood Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 100.00	
City Columbus			State OH	Zip Code 43221	M 0	D 9	Y 2 1 1 6
						Amount \$100.00	

* 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 **\$460.00**