31-A	
R C 3517	10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
UA Library Levy Campaign								
Full Name of Contributor				tion Num	ber, if PA	С		
Friends of the UA Library								
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)		
2800 Tremont Rd.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OHI	43221	1110	116	1 5	1,000.00		
Full Name of Contributor	Registration Number, if Pa							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor	Registration Number, if P.					C		
Street Address	Employer/Occu	pation/Labor Organization	ion*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor Registration					ber, if PA	.c		
Street Address	Employer/Occupation/Labor Organization*			•	Form (Cash, Check, etc.)			
City	State	Zip Code	Т м	D	ΙΥ	Amount		
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Full Name of Contributor			Registra	tion Nur	ber, if PA	.C		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Sheet Addition	7.0,							
City	State	Zip Code	M	a	Y	Amount		
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Full Name of Contributor			Registra	tion Num	ber, if PA	c		
Fun Name of Conditionor								
Street Address	Employer/Occupation/Labor Organization*			-		Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if PA					vc			
						r (0.3.0)		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
						<u> </u>		
City	State	Zip Code	M _.	D .	Y	Amount		
		didates. If contributor is s	-16 lasted also			nome of the		

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

Page Total \$ 1,000.00