

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full UA Library Levy Campaign													
Full Name of Contributor Margaret Zidonsi						Registration Number, if PAC							
Street Address 1724 Churchview Lane			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43220		M 0 3		D 2 7		Y 0 9		Amount 25.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
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Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

* 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 \$ 25.00