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## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

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Name of Committee in Full								
UA Library Levy Campaign					1 'C'	C		
Full Name of Contributor			Registra	ation Num	ber, if PA	C		
Margaret Zidonsi					***************************************			
Street Address	Employer/Occu	ipation/Labor Organization	-			Form (Cash, Check, etc.)		
1724 Churchview Lane						Check		
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor					Registration Number, if PAC			
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Full Name of Contributor Registration Number, if PAC								
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* Required for contributions over \$100 to statewide and general as			unation mil	on the s	mlouer et	ould be listed		
* Required for contributions over \$100 to statewide and general as	sembly candidates. If c	onumbulor is self-employed, occ	upauon rath	ci uidli cli	ipicyci sil	outa of natea.		

\* 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