

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO SAVE OUR LIBRARIES													
Full Name of Contributor PINNACLE GOLF CLUB						Registration Number, if PAC							
Street Address 1500 PINNACLE CLUB DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK							
City GROVE CITY		State OH		Zip Code 43123		M 10		D 14		Y 10		Amount \$1300.00	
Full Name of Contributor HARRISON COLLEGE						Registration Number, if PAC							
Street Address 3380 JACKPOT ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK							
City GROVE CITY		State OH		Zip Code 43123		M 10		D 22		Y 10		Amount \$100.00	
Full Name of Contributor LARRY CORBIN						Registration Number, if PAC							
Street Address 4460 HOOVER RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK							
City GROVE CITY		State OH		Zip Code 43123		M 10		D 22		Y 10		Amount \$250.00	
Full Name of Contributor OHIO HEALTH / DOCTORS HOSPITAL						Registration Number, if PAC							
Street Address 5100 WEST BROAD ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK							
City COLUMBUS		State OH		Zip Code 43228		M 10		D 27		Y 10		Amount \$400.00	
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	
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	

* 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)]