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Statement of Contributions Received

Prescribed by Secretary of State 2/01

					San Market and a second second			mmoonmaanna sa	
Name of Committee in Full									
UA Library Levy Campaign						: C TO *	^		
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
Joyce Healy								· · · · · · · · · · · · · · · · · · ·	
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Chec	k, etc.)	
2098 Ellington Rd.					y	·	Check		
City	Sta		Zip Code	M	D	Y	Amount	40.00	
Columbus		Н	43221	0 3	2 7	0 9		10.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Gloria Heydlauff									
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Chec	k, etc.)	
2390 Sherringham Rd.							Check		
City	Sta		Zip Code	M	D	Y	Amount		
Upper Arlington	0	H	43220	0 3	2 7	0 9		100.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Alene Hinshaw				L		0.404			
Street Address	Employer	Employer/Occupation/Labor Organization					Form (Cash, Chec	k, etc.)	
1573 Kirkley Rd.							Check		
City	Sta	te	Zip Code	M	D	Y	Amount		
Columbus	0	H	43221	0 3	2 7	0 9		40.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	.C		
Dr. Marilyn G. Hood									
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			k, etc.)	
3310 Somerford Rd.					C				
City	Sta	te	Zip Code	М	D	Y	Amount		
Columbus	0	H	43221	0 3	2 7	0 9		20.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	.C		
Joan Howison									
Street Address	Employer	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
2715 River Park Dr.							Check		
City	Sta	te	Zip Code	M	D	Y	Amount		
Columbus	0	H	43220	0 3	2 7	0 9		25.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
Jeanine Hummer									
Street Address	Employer	Employer/Occupation/Labor Organization			Form (ck, etc.)	
1295 Edgemont Rd.							Check		
City	Sta	ite	Zip Code	M	D	Y	Amount		
Upper Arlington	0	H	43212	0 3	2 7	0 9		25.00	
Full Name of Contributor						ber, if PA			
Deborah Johnson									
Street Address	Employer	/Occupa	ation/Labor Organization			505.003.003.004.004.005.005.00	Form (Cash, Che	ck, etc.)	
1903 Brandywine Dr.							Check		
City	Sta	ite	Zip Code	M	D	Y	Amount		
Columbus	0	Η	43220	0 3	2 7	0 9		50.00	
Full Name of Contributor	***************************************					ber, if PA	ıC	COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE STATE STATE OF THE SERVICE STATE STA	
David C. Jones									
Street Address	Employer	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
2665 Woodstock Rd.					Check				
City	Sta	ite	Zip Code	М	D	Y	Amount		
Upper Arlington	0	H	43221	0 3	2 7	0 9		20.00	
		W. W			. 1		ould be listed		

* 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 \$ 290.00