31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								
UA Library Levy Campaign								
Full Name of Contributor							Registration Number, if PAC	
Steven Glass								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1817 Inchcliff Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	12	30	11		100.00	
Full Name of Contributor							Registration Number, if PAC	
Frances Burkett								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1607 Elmwood Ave.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43212	12	30	11		25.00	
Full Name of Contributor							Registration Number, if PAC	
Robert A. Grimm								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1810 Ivanhoe Court							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43220	12	30	11		50.00	
Full Name of Contributor							Registration Number, if PAC	
Deborah A. Johnson								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1903 Brandywine Dr.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43220	12	30	11		100.00	
Full Name of Contributor							Registration Number, if PAC	
Richard L. Meyer								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
5722 Kingstree Dr.							Check	
City	State	Zip Code	M	D	Y		Amount	
Dublin	OH	43017	12	30	11		50.00	
Full Name of Contributor							Registration Number, if PAC	
Thomas F. Davis								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1922 Arlington Ave.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43212	12	30	11		100.00	
Full Name of Contributor							Registration Number, if PAC	
Wendell W. Griffith								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1773 Ardleigh Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	12	30	11		100.00	
Full Name of Contributor							Registration Number, if PAC	
Lenore Mastracci								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1826 Westwood							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43212	12	30	11		25.00	

* 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 $ 550.00