31-A
R.C. 3517.10

Page 9

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
UA Library Levy Campaign							
Full Name of Contributor						**Registration Number, if PAC**	
John Corrigan							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
2853 Wickliffe						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43221	04	02	09	50.00	
Full Name of Contributor						**Registration Number, if PAC**	
Ruth Gerstner							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
1983 Suffolk Rd.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43221	04	02	09	50.00	
Full Name of Contributor						**Registration Number, if PAC**	
Gail Havener							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
3828 Norbrook Dr.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43220	04	02	09	25.00	
Full Name of Contributor						**Registration Number, if PAC**	
Loretta Heigle							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
2376 Southway Dr.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43221	04	02	09	50.00	
Full Name of Contributor						**Registration Number, if PAC**	
Susan Oppenheimer							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
1576 Grenoble Rd.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43221	04	02	09	25.00	
Full Name of Contributor						**Registration Number, if PAC**	
Thomas Hayward							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
2554 Zollinger Rd.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43221	04	03	09	25.00	
Full Name of Contributor						**Registration Number, if PAC**	
Linda Mauger							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
2043 N. Devon Rd.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43212	04	03	09	50.00	
Full Name of Contributor						**Registration Number, if PAC**	
Matthew E. Shad							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
143 Kossuth St.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Columbus	OH	43206	04	04	09	100.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 375.00