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Statement of Contributions Received

Prescribed by Secretary of State 3/05

<u> </u>								
Name of Committee in Full					-			
UA Library Levy Campaign								
Full Name of Contributor	Name of Contributor			Registration Number, if PAC				
Karen Mader								
Street Address	Employer/Occup	oation/Labor Organization	•			Form (Cash, Check, etc.)		
2873 Eastcleft						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43221	0 4	2 3	0 9	25.00		
Full Name of Contributor		······································	Registrat	ion Num	ber, if PA	.C		
Bricker & Eckler LLP								
Street Address	Employer/Occup	pation/Labor Organization		•		Form (Cash, Check, etc.)		
100 S. Third St.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43215	0 4	2 0	019	100.00		
Full Name of Contributor			Registra	ion Nun	ber, if PA	.C		
Diane Brant								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*						
84 E. Longview Ave.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43202	015	0 2	019	15.00		
Full Name of Contributor		1			iber, if PA			
Street Address	Employer/Occur	pation/Labor Organization	*			Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .		
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Street Address	Employer/Occu	pation/Labor Organization			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor	<u> </u>	<u> </u>	Registra	tion Nun	aber, if PA	vc		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occu	Form (Cash, Check, etc.)						
Succession and the succession an								
City	State	Zip Code	M	D	Y	Amount		
C.I.y	l i	1	1		1 1			
Full Name of Contributor	···········	<u> </u>	Registra	tion Nun	nber, if PA	AC .		
i in Name of Compositor	•		1					
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)		
Street Address	Street Address Employer/Occupation/Labor Organization*							
Cim	State	Zip Code	M	D	T Y	Amount		
City	5.5.1			ļ				
T NN FCthus-			Registra	tion Nur	nber, if PA	AC .		
Full Name of Contributor Registration Number, if PAC								
C Add	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Street Address	Employerocco	Employer Occupation shoot or patriation						
	State	Zip Code	M	D	ΙΥ	Amount		
City) State	Zip Cook	"	ĺ	1 1			
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* 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 S 140.00