

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>U.A. Library Levy Campaign</b>									
Full Name of Contributor <b>Friends of the Upper Arlington Public Library</b>							Registration Number, if PAC		
Street Address <b>2800 Tremont Road</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43221</b>		M <b>0</b>		D <b>8</b>	
						Y <b>1</b>		Amount <b>\$1,000.00</b>	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		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 <b>OH</b>		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 <b>OH</b>		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 <b>OH</b>		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 <b>OH</b>		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 <b>OH</b>		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 <b>OH</b>		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 <b>OH</b>		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)]

Page Total **\$1,000.00**