Page	3	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
UA Library Levy Campaign						
Full Name of Contributor			Registra	tion Num	ber, if PA	iC .
Huntington Bank						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
PO Box 1558 (HP 1050)						Check
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			TC grant	1000 1400	ioci, ii i i	
	Eleve/Ose	pation/Labor Organization*				Form (Cash, Check, etc.)
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City	State 1	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	ation Nun	iber, if PA	AC .
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Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
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Full Name of Contributor			Registr	ation Nun	nber, if PA	AC
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Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	M	D	Y,	Amount

Page Total \$	500.00

^{*} 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)]