Page	10
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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full				Economista de la composito de		i Tris ien verster er er er er er er				
UA Library Levy Campaign										
Full Name of Contributor	mirharen				tion Numb	ber, if PA	С	***************************************		
James DeWille										
Street Address	Employer	/Occupa	ntion/Labor Organization				Form (Cash, Check, e	tc.)		
2580 Clairmont Ct.			Č				Check			
City	Sta	te	Zip Code	M	D	Y	Amount			
Columbus	0	Н	43220	0 4	0 6	0 9	2	25.00		
Full Name of Contributor					tion Numb			COLLECTION OF THE PARTY OF THE		
Jane Leach	Turi Name of Controllor									
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, e	tc.)			
1236 Kenbrook Hills Dr.						Check				
City	Sta	te	Zip Code	М	D	Y	Amount			
Upper Arlington	0	Н	43220	0 4	0 6	0 9	10	00.00		
Full Name of Contributor	-december of the second			new Arrangement and Arrange	tion Numl	AND AND ADDRESS OF THE PARTY OF	С			
Blair Adams										
Street Address	Employer	/Occupa	ntion/Labor Organization	-		***************************************	Form (Cash, Check, e	etc.)		
2310 Dorset Rd.							Check			
City	Sta	te	Zip Code	М	D	Y	Amount			
Columbus	0	Н	43221	$0 \mid 4$	0 8	0 9	2	25.00		
Full Name of Contributor	(1)-1:::::::::::::::::::::::::::::::::::			Registra	ition Numl	ber, if PA	С			
Edward Seidel										
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, e	etc.)			
Stonehaven Dr.							Check			
City	Sta		Zip Code	М	D	Y	Amount			
Upper Arlington	0	Н	43220	0 4	A PROMORDAY THE WAY A		L CONTRACTOR OF THE PARTY OF TH	00.00		
Full Name of Contributor				Registra	ation Num	ber, if PA	.c			
Kelle Eubank					Nonymorry generalizations			ini ili 1000 Maria di Managoro		
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, e	etc.)		
2010 Upper Chelsea Rd.						·	Check			
City	Sta		Zip Code	M	D	Y	Amount	00.00		
Columbus	0	Н	43221	0 4	and the second second	(SERVICE OF STREET		00.00		
Full Name of Contributor				Registra	ation Num	ber, if PA	.c			
Pamela Bridgeport					***************************************	annough ann an amhaid a				
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, e	etc.)		
3691 Romnay Rd.	<u> </u>						Check			
City	Sta		Zip Code	M	D	Y	Amount	00.00		
Upper Arlington		H	43221	THE PERSON NAMED IN COLUMN	111	Access to the second		00.00		
Full Name of Contributor				Registra	ation Num	ber, if PA	iC .			
Betty T. Messenger	7=						From (Co.d. Cl. 3	-4-		
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, e	cic.)			
2860 Rivertop Lane			Ta: a ,	1	T =	1 37	Check			
City	Sta		Zip Code	M	D	Y	Amount	3 E 00		
Columbus		H	43220	0 4		0 9	A company of the contract of t	25.00		
Full Name of Contributor Registration Number, if PAC										
Nancy M. Smith	1	10				and the state of 	In Charles	***		
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, e	cic.)			
1670 Sussex Court	Cut Zi-Cut					Check				
City	Sta		Zip Code	M	D	Y	Amount	25 00		
Upper Arlington	O	Н	43220	$0 \mid 4$		0 9	A CONTRACTOR OF THE PROPERTY O	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 \$ 500.00