

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full UA Library Levy Campaign							
Full Name of Contributor UA Library Foundation					Registration Number, if PAC		
Street Address 2800 Tremont Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 0 4	Y 0 9	Amount 10,000.00	
Full Name of Contributor Amy Sharpe					Registration Number, if PAC		
Street Address 2358 Northwest Blvd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 0 9	Y 0 9	Amount 250.00	
Full Name of Contributor Sylvia Gillis					Registration Number, if PAC		
Street Address 1810 N. Devon Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43212	M 0 3	D 0 9	Y 0 9	Amount 50.00	
Full Name of Contributor Ruth O'Neill					Registration Number, if PAC		
Street Address 6118 Gioffe Woods Ln.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43223	M 0 3	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor Ann Moore					Registration Number, if PAC		
Street Address 4951 Wallington Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 1 3	Y 0 9	Amount 200.00	
Full Name of Contributor Friends of the UA Library					Registration Number, if PAC		
Street Address 2800 Tremont Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 1 4	Y 0 9	Amount 3,500.00	
Full Name of Contributor Lea Dukat					Registration Number, if PAC		
Street Address 1311 Smallwood		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43235	M 0 3	D 1 6	Y 0 9	Amount 0.75	
Full Name of Contributor Ruth Abrams					Registration Number, if PAC		
Street Address 1205 Kenbrook Hills Dr.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 3	D 2 7	Y 0 9	Amount 50.00	

* 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 \$ 14,100.75