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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
UA Library Levy Campaign	<u> </u>							
Full Name of Contributor	Name of Contributor				Registration Number, if PAC			
Friends of the UA Library								
Street Address	Employer/Occu	n*			Form (Cash, Check, etc.)			
2800 Tremont Rd.	l				Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	ГОГН	43221	013	019	1113	1,000.00		
Full Name of Contributor				ation Num				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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Full Name of Contributor	<u> </u>				Registration Number, if PAC			
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Full Name of Contributor			Registra	ation Num	ber, if PA			
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
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City	State	Zip Code	М	l D	ΙΥ	Amount		
City	June	In code	"	ا آ	1 1	, mount		
Full Name of Contributor			Parist	tion Num	har if DA	<u></u>		
rui Name of Contributor			Kegisti	anon vani	ibei, ii rA	ic.		
C					Fe- (Cook Chook are)			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor			Kegistra	ation Num	iber, if PA	iC .		
						Form (Cash, Check, etc.)		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			[**			
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City	State	Zip Code	M	D	1 '	Amount		
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Full Name of Contributor			Kegisir	ation Num	ioer, ii PA	ic .		
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zíp Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ation Num	iber, it PA	AC .		
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	M	Ð	Y	Amount		
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equired for contributions from individuals over \$100 to	statewide and general assembly can	didates. If contributor is s	elf-employed, the	occupation	n and the	name of the		

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 \$ 1,000.00