

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full UA Library Levy Campaign							
Full Name of Contributor John H. Burtch					Registration Number, if PAC		
Street Address 1959 W. Lane Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 4	D 1 9	Y 1 1	Amount 100.00	
Full Name of Contributor Caroline Diwik					Registration Number, if PAC		
Street Address 1855 Chatfield		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 4	D 1 9	Y 1 1	Amount 100.00	
Full Name of Contributor Ann Royce 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 4	D 1 9	Y 1 1	Amount 500.00	
Full Name of Contributor Amy P. Sharpe					Registration Number, if PAC		
Street Address 2358 Northwest Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 4	D 1 9	Y 1 1	Amount 500.00	
Full Name of Contributor William John Shkurti					Registration Number, if PAC		
Street Address 1877 Baldridge Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 4	D 1 9	Y 1 1	Amount 300.00	
Full Name of Contributor Mark L. Shy					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code	M 0 4	D 1 9	Y 1 1	Amount 500.00	
Full Name of Contributor Garrett Scanlon					Registration Number, if PAC		
Street Address 2588 Welsford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 4	D 1 9	Y 1 1	Amount 100.00	
Full Name of Contributor Pay Pal					Registration Number, if PAC		
Street Address 2211 N. First St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Elect. Transf.		
City San Jose	State C A	Zip Code 95131	M 1 1	D 2 3	Y 1 1	Amount 0.04	

* 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)]