31-A
R.C. 3517.10

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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						**Registration Number, if PAC**	
John Burtch							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1959 W. Lane Ave.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0 | 4	1 | 4	0 | 9		150.00
Full Name of Contributor						**Registration Number, if PAC**	
Jane Vollrath							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1007 Norway Dr.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43220	0 | 3	2 | 7	0 | 9		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Elizabeth G. Weadlock							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1805 Guilford Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0 | 4	0 | 9	0 | 9		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Dean Williams							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2302 Haviland Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43220	0 | 3	2 | 7	0 | 9		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Erik F. Yassenoff							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2260 Swansea Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0 | 4	0 | 3	0 | 9		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Charlotte Yates							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4364 Airendel Ct.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43220	0 | 3	2 | 7	0 | 9		15.00
Full Name of Contributor						**Registration Number, if PAC**	
Susan Yutzev							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1254 Norwell Dr.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43220	0 | 3	3 | 1	0 | 9		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Suebeth D. Zartman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2648 Swansea Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0 | 3	27 09	0 | 9		20.00

* 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)]

Page Total $ 585.00