31-A
R.C. 3517.10

Page 8

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**	
Shirley A. Christensen							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2200 Middlesex Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	12	30	11		35.00
Full Name of Contributor						**Registration Number, if PAC**	
William H. Dudrow							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4765 Coach Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	12	30	11		10.00
Full Name of Contributor						**Registration Number, if PAC**	
Barbara Davis							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2455 Canterbury Rd.							PayPal Deposit
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	01	25	12		145.35
Full Name of Contributor						**Registration Number, if PAC**	
Virginia Barney							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2427 Canterbury Rd.							PayPal Deposit
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	01	25	12		48.25
Full Name of Contributor						**Registration Number, if PAC**	
Chadwick F. Alger							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2674 Westmont Blvd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	01	14	12		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Joan Fuhrman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2068 Harwitch Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	01	14	12		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Marianne Mitchell							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1858 Guilford Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	01	14	12		50.00
Full Name of Contributor						**Registration Number, if PAC**	
M. Cameron Mitchell							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2000 Tremont Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43212	01	14	12		100.00

* 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 $ 488.60