

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full UA Library Levy Campaign							
Full Name of Contributor Pav 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 0.09	
Full Name of Contributor Robert Grimm					Registration Number, if PAC		
Street Address 1810 Ivanhoe Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 1	D 0 2	Y 1 1	Amount 50.00	
Full Name of Contributor Nancy Kincaid					Registration Number, if PAC		
Street Address 1432 Friar Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 2	Y 1 1	Amount 25.00	
Full Name of Contributor James Pintar					Registration Number, if PAC		
Street Address 1832 Ardleigh Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 2	Y 1 1	Amount 50.00	
Full Name of Contributor Paul Keith					Registration Number, if PAC		
Street Address 4424 Sussex		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 1	D 0 2	Y 1 1	Amount 25.00	
Full Name of Contributor Carol Browning					Registration Number, if PAC		
Street Address 2307 Nottingham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 2	Y 1 1	Amount 10.00	
Full Name of Contributor Frances Burkett					Registration Number, if PAC		
Street Address 1607 Elmwood Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 1	D 0 2	Y 1 1	Amount 10.00	
Full Name of Contributor Pearl Hartker					Registration Number, if PAC		
Street Address 3599 Prestwick Court North		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 1	D 0 2	Y 1 1	Amount 25.00	

* 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)]