

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full UA Library Levv Campaign							
Full Name of Contributor Maureen Lewis					Registration Number, if PAC		
Street Address 2240 McCov Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 3	D 2 7	Y 0 9	Amount 25.00	
Full Name of Contributor John E. Makris					Registration Number, if PAC		
Street Address 1820 Lane Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 3	D 2 7	Y 0 9	Amount 20.00	
Full Name of Contributor Lenore Mastracci					Registration Number, if PAC		
Street Address 1826 Westwood Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 20.00	
Full Name of Contributor Charles M. Moffitt					Registration Number, if PAC		
Street Address 3310 Somerford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 10.00	
Full Name of Contributor Reginald Rahn					Registration Number, if PAC		
Street Address 2135 Sandeston Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 3	D 2 7	Y 0 9	Amount 25.00	
Full Name of Contributor Walter R. Rhodus					Registration Number, if PAC		
Street Address 1768 Quarry View		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0 3	D 2 7	Y 0 9	Amount 10.00	
Full Name of Contributor Kari Rucker					Registration Number, if PAC		
Street Address 1624 Barrington Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 10.00	
Full Name of Contributor Lenere Shrieves					Registration Number, if PAC		
Street Address 2728 Mt. Holyoke Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 7	Y 0 9	Amount 5.00	

* 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)]