

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full UA Library Levv Campaign							
Full Name of Contributor Joyce Healy					Registration Number, if PAC		
Street Address 2098 Ellington 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 Gloria Heydlauff					Registration Number, if PAC		
Street Address 2390 Sherringham 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 100.00	
Full Name of Contributor Alene Hinshaw					Registration Number, if PAC		
Street Address 1573 Kirklev		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 40.00	
Full Name of Contributor Marilyn G. Hood					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 20.00	
Full Name of Contributor Joan Howison					Registration Number, if PAC		
Street Address 2715 River Park Dr.		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 Jeanine Hummer					Registration Number, if PAC		
Street Address 1295 Edgemont Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 3	D 2 7	Y 0 9	Amount 25.00	
Full Name of Contributor Deborah Johnson					Registration Number, if PAC		
Street Address 1903 Brandywine Dr.		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 50.00	
Full Name of Contributor David C. Jones					Registration Number, if PAC		
Street Address 2665 Woodstock 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 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)]