

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full UA Library Levy Campaign							
Full Name of Contributor Suebeth Zartman					Registration Number, if PAC		
Street Address 2648 Swansea Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 8	Y 1 1	Amount 50.00	
Full Name of Contributor Joan Fuhrman					Registration Number, if PAC		
Street Address 2068 Harwitch Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 8	Y 1 1	Amount 25.00	
Full Name of Contributor Katherine Hemleben					Registration Number, if PAC		
Street Address 2092 Burgoyne Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 1	D 0 8	Y 1 1	Amount 50.00	
Full Name of Contributor John Burtch					Registration Number, if PAC		
Street Address 1959 W. Lane Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 1	D 1 5	Y 1 1	Amount 100.00	
Full Name of Contributor Linda Huffenberger					Registration Number, if PAC		
Street Address 1787 N. Riverhill Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 1	D 1 5	Y 1 1	Amount 50.00	
Full Name of Contributor Jerome Johnson					Registration Number, if PAC		
Street Address 2381 Haverford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 1	D 1 5	Y 1 1	Amount 25.00	
Full Name of Contributor Beth Hamilton					Registration Number, if PAC		
Street Address 1181 Millcreek Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 1	D 1 9	Y 1 1	Amount 50.00	
Full Name of Contributor Jennifer Faure					Registration Number, if PAC		
Street Address 2390 Wickliffe Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 2	D 3 0	Y 1 1	Amount 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)]