

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GRANDVIEW LIBRARY LEVY COMMITTEE							
Full Name of Contributor MICHAEL ALLARDYCE						Registration Number, if PAC	
Street Address 1346 LINCOLN RD.		Employer/Occupation/Labor Organization REALTOR, O'MALLEY REAL ESTATE				Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 0	D 8	Y 17	Amount 200.00	
Full Name of Contributor FRIENDS OF THE GRANDVIEW LIBRARY						Registration Number, if PAC	
Street Address 1685 W. 1ST AVE		Employer/Occupation/Labor Organization CHARITABLE ORGANIZATION				Form (Cash, Check, etc.) Check	
City COLUMBUS,	State OH	Zip Code 43212	M 0	D 8	Y 26	Amount 2700.00	
Full Name of Contributor RYAN MCDONNELL						Registration Number, if PAC	
Street Address 22325 MEADOW RD		Employer/Occupation/Labor Organization GRANDVIEW LIBRARY DIRECTOR				Form (Cash, Check, etc.) Check	
City MARTSVILLE	State OH	Zip Code 43040	M 0	D 8	Y 26	Amount 100.00	
Full Name of Contributor JANICE WILLIAMS						Registration Number, if PAC	
Street Address 1963 VILLAGE CT.		Employer/Occupation/Labor Organization RETIRED				Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 0	D 8	Y 26	Amount 500.00	
Full Name of Contributor ROBERT MACKAY						Registration Number, if PAC	
Street Address 1274 W. 2ND AVE.		Employer/Occupation/Labor Organization RETIRED				Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 0	D 9	Y 01	Amount 40.00	
Full Name of Contributor MARY LUDLUM						Registration Number, if PAC	
Street Address 5108 SOUTHMINSTER RD.		Employer/Occupation/Labor Organization RETIRED				Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43221	M 0	D 9	Y 01	Amount 150.00	
Full Name of Contributor GRANDVIEW HEIGHTS LIBRARY FOUNDATION BOARD						Registration Number, if PAC	
Street Address 1685 W. 1ST AVE		Employer/Occupation/Labor Organization CHARITABLE ORGANIZATION				Form (Cash, Check, etc.) Check	
City COLUMBUS	State OH	Zip Code 43212	M 0	D 9	Y 16	Amount 2500.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* 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 also appear. (R.C. 3517.10(B)(4))