Page	1
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			CONSTRUCTION OF THE OWNER, SHAPE				
Citizens for Worthington Libraries Full Name of Contributor			Registra	tion Num	ber, if PA	C	
			-8				
Friends of Worthington Libraries	Employed/Ocean	pation/Labor Organization*		manite designation of the latter of the latt		Form (Cash, Check, etc.)	
Street Address	Employer/Occuj	patient Patient Organization.				Check	
820 High Street		Ta: a t		T n	I v		
City	State	Zip Code	M	D	Y	Amount 1 FOO OO	
Worthington	$O \mid H$	43085-4108	0 1	2 9		1,500.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	С	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	Registration Number, if P/					С	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
O.	State	Zip Code	М	D	Y	Amount	
City	State	Imp code	"				
			Registr	ation Nun	l ber if P△	C	
ull Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	en per per mente de la composiçõe de la co		Registr	ation Nur	nber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount	
City		1 *	1				
C.II Name of Contributor			Registr	ation Nur	nber, if PA	AC	
Full Name of Contributor					, •		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	AC						
Street Address	Employer/Occi	Louise	***************************************		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if P						AC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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* 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)]

Page Total \$ 1,500.00