31-A.
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
Retain Charlie Wilson For The Worthington School Board Committee

Full Name of Contributor	Registration Number, if PAC						
M. Jane Carter							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7668 Cloister Dr.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	08	18	07		25.00
Full Name of Contributor	**Registration Number, if PAC**						
Richard Combs Jr.							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1122 Baumrock Burn Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	09	13	07		100.00
Full Name of Contributor	**Registration Number, if PAC**						
Madeline Shaw							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1213 Leicester Pl							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	09	14	07		25.00
Full Name of Contributor	**Registration Number, if PAC**						
Susan Gaskill							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1425 Briarmeadow Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	02	07		25.00
Full Name of Contributor	**Registration Number, if PAC**						
Karyn Hendricks							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1084 Limberlost Ct.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	09	26	07		25.00
Full Name of Contributor	**Registration Number, if PAC**						
Robert Horton							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7965 Leaview Dr.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	03	07		50.00
Full Name of Contributor	**Registration Number, if PAC**						
Ky Jaffe							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2209 Fernleaf Ln.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	09	23	07		100.00
Full Name of Contributor	**Registration Number, if PAC**						
Doris Moye							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6711 Merwin Rd.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	08	23	07		25.00

* 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)]

Page Total $ 375.00