



Statement of Contributions Received

Form 31.A

ORC 3517.10

Full Name of Committee						
Retain Charlie Wilson for Worthington Sch	ool Board C	ommittee			!	
Full Name of Contributor Registration				Registration Number	er, if PAC	
Glenn Koocher						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1 McKinley Sq					Check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Boston	MA	02109		10/22/2019	\$200.00	
Full Name of Contributor Registration No				Registration Number	er, if PAC	
Wortḥington Education						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
200 E Wilson Bridge Rd, Room 319					Check	
City	State	Zip Code	Date (MM/DI	DMYYY)	Amount	
Worthington	ОН	43085		10/22/2019	\$2,000.00	
Full Name of Contributor Registration Numb				er, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Full Name of Contributor				Registration Number, if PAC		
Street Äddress	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Full Name of Contributor Registr				Registration Numb	ration Number, if PAC	
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		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)]

Page Total \$2,200.00