Page <u>3</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

····			<u> </u>	<u> </u>		_				
Name of Committee in Full			1							
Retain Charlie Wilson for Worthington	.Schoo	l Boa	ard <u>i</u>							
Full Name of Contributor	arne of Contributor						Registration Number, if PAC			
Richard S Combs, Jr			}							
Street Address	Employer/	Оссира	tion/Labor (Organization*				Form (Cash, Check, etc.)		
1122 Baumock Burn Dr								Check		
City	Stat	e	Zip Code		М	D	Y	Amount		
Columbus	0	Н	4323	5	1 0	2 5	1 1	50.00		
Full Name of Contributor			!	 			ber, if PA	С		
William L Phillis					1					
Street Address	Employer/	Осспра	tion/Labor (Organization*				Form (Cash, Check, etc.)		
1019 Torrey Hill Dr		·	ļ	-						
City	Stat	e	Zip Code	······································	М	D	Y	Amount		
Columbus	0	Н	4222	3	$\begin{bmatrix} 1 & 0 \end{bmatrix}$	2 8	1 1	100.00		
Full Name of Contributor			1	,			ber, if PA			
L A McElwee							,			
Street Address	Employer/	Осепра	tion/Lahor (Organization*	1			Form (Cash, Check, etc.)		
369 Clearview Avenue	Lingioyen	оссири	i i i i i i i i i i i i i i i i i i i	- Banazation				, , , , , , , , , , , , , , , , , , ,		
City	Stat	re .	Zip Code		М	D	Y	Amount		
1 '	0	Н	4308	=		2 8		25.00		
Worthington Full Name of Contributor			4300	<i>,</i>		_	ber, if PA			
					Registra	Mir i Aniii	oci, ii i A			
Kris Banvard	Ir1	·/	l	Organization*	<u></u>			Form (Cash, Check, etc.)		
Street Address	Employer	Оссира	illon/Labor	Agamzanon.				roini (Casil, Check, etc.)		
6775 Alloway St W			In 0 1 1		T 1.		1 37			
City	Stat		Zip Code	_	M	D	Y	Amount		
Worthington	0 1	Н	4308)	1 0			300.00		
Full Name of Contributor Registration Number, if PAC										
Total employee contributions from For					<u></u>					
Street Address	Employer	/Оссира	tion/Labor (Organization*				Form (Cash, Check, etc.)		
City	Stat	te	Zip Code		M	D	Y	Amount		
						_ !	<u> </u>	50.00		
Full Name of Contributor			i		Registra	tion Num	ber, if PA	AC		
Street Address	Employer	/Occupa	tion/Labor	Organization*				Form (Cash, Check, etc.)		
_										
City	Sta	te	Zip Code		M	Đ	Y	Amount		
							<u> </u>			
Full Name of Contributor					Registra	tion Num	ber, if PA	VC		
					1					
Street Address	Employer	/Occupa	tion/Labor	Organization*				Form (Cash, Check, etc.)		
Į	1									
	Sta	te	Zip Code		М	D	Y	Amount		
	j									
Full Name of Contributor			<u> </u>		Registra	tion Nuπ	ber, if PA	۸C		
Street Address	Employer	/Occupa	ation/Labor	Organization*				Form (Cash, Check, etc.)		
	'.'			=						
City	Sta	te	Zip Code		M	D	Y	Amount		
					1	1	1	1		
<u></u>	j i					<u> </u>	1 !	<u> </u>		

* 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 S	525.00