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						
Susan Geier							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7074 Bluffpoint Ct.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	22	07		50.00
Full Name of Contributor	**Registration Number, if PAC**						
Mary Anne Orcutt							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7661 Norhill Rd.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	21	07		25.00
Full Name of Contributor	**Registration Number, if PAC**						
Carol Harper							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1219 Rosebank Dr.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	21	07		25.00
Full Name of Contributor	**Registration Number, if PAC**						
Jennifer Kovacs							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1377 Snowmass Rd.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	27	07		30.00
Full Name of Contributor	**Registration Number, if PAC**						
Mary Woods							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1022 Blind Brook Dr.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	30	07		100.00
Full Name of Contributor	**Registration Number, if PAC**						
Wendy Boortz							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
8488 Bridletree Way							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	30	07		10.00
Full Name of Contributor	**Registration Number, if PAC**						
Kathleen Kreiselman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6839 Maxwelton Ct.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	10	31	07		10.00
Full Name of Contributor	**Registration Number, if PAC**						
Jeffrey Milgrom							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1081 Bluffpoint Dr.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	11	01	07		100.00

* 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 $ 350.00