Page	1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		.				,		
Worthington Education Association Pol	itical Action	Committee						
Full Name of Contributor	ilicai Action	Continuitée	Registr	ation Nu	mher if l	PAC		
Ohio Education Association Fund for Children and Public Education			Registration Number, if PAC OH 299					
Street Address		pation/Labor Organization*		1 2))		Form (Cash, Check, etc.)		
225 E. Broad Street	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				Check		
City	State	Zíp Code	Тм	П	Y	Amount		
Columbus	ОН	43216	lots	2 2	1 4	3,434.85		
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	м	D	Y	Amount		
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Full Name of Contributor	•	•	Registr	ation Nu	mber, if f	PAC		
			L					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor		<u> </u>	Registra	ation Nu	mber, if f	PAC		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M.	D .	Y	Amount		
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Full Name of Contributor			Registra	ation Nu	mber, if f	PAC		
Caraca Addessa	Ir malayar (One)	pation/Labor Organization*				For (Cost Check etc.)		
Street Address	Employer/Occu	pation/capor Organization				Form (Cash, Check, etc.)		
Cin.	State	Zip Code	I M	D	Y	Amount		
City	i	Zip Code	"	"	'i	Allibuit		
Full Name of Contributor		<u> </u>	Registr	ation Nu	mber if i			
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Street Address								
City	State	Zip Code	Тм	0	Y	Amount		
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Full Name of Contributor	<u> </u>	<u>I</u>	Registr	ation Nu	mber, if I	PAC		
Street Address	Employer/Occu	rpation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registr	ation Nu	mber, if 1	PAC		
			L					
Street Address Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
	<u> </u>					<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 \$ 3,434.85