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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Worthington Libraries Full Name of Contributor				Registration Number, if PAC			
1			Kegisa	ation (vuii	iber, ii FA	ac .	
Friends of Worthington Libraries Street Address	Tr	pation/Labor Organization*				Form (Cash, Check, etc.)	
	Employer/Occu	pation/Labor Organization*					
820 High Street		Tel e .			T	Check	
City	State	Zip Code	M	D	Y	Amount	
Worthington	O H	43085-4108	1 2		1 5		
Full Name of Contributor			Registr	ation Num	ber, if PA	.C	
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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Full Name of Contributor		1	Registr	ation Num	her if PA	r.	
The Name of Controllor			Regisa	anon remo	ioc1, ii 1 7		
Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)				
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Full Name of Contributor	1 '		Registr	ation Num	ber, if PA	C	
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Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)				
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City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor		•	Registr	ation Num	ber, if PA	C	
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
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Full Name of Contributor			Registr	ation Num	ber, if PA	C	
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
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Full Name of Contributor	• '	.	Registr	ation Num	ber, if PA	С	
Street Address	Employer/Occu	- t	-		Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
			1	1			

Page Total \$ 6,100.00

[•] 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)]