

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|--|--------------------|---|---------------|-----------------------------|--|---------------------------|
| Name of Committee in Full KEEP WORTHINGTON WORKING | | | | | | |
| Full Name of Contributor THOMAS W DALCOLMA | | | | Registration Number, if PAC | | |
| Street Address 2216 CASTLE CREST DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City WORTHINGTON | State OH | Zip Code 43085 | M 0 | D 9 | Y 2 3 1 5 | Amount \$25.00 |
| Full Name of Contributor GARY C PARSONS ORCHARD PARTNERS | | | | Registration Number, if PAC | | |
| Street Address 6445 MEADOWBROOK CIR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City WORTHINGTON | State OH | Zip Code 43085 | M 0 | D 9 | Y 3 0 1 5 | Amount \$500.00 |
| Full Name of Contributor MELINDA J JENKINS | | | | Registration Number, if PAC | | |
| Street Address 506 LAMBOURNE AVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City WORTHINGTON | State OH | Zip Code 43085 | M 0 | D 9 | Y 3 0 1 5 | Amount \$50.00 |
| Full Name of Contributor SUSAN K EDISON | | | | Registration Number, if PAC | | |
| Street Address 6570 PLESENTON DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City WORTHINGTON | State OH | Zip Code 43085 | M 1 | D 0 | Y 0 1 1 5 | Amount \$100.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | 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 **\$675.00**