

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full WORTHINGTON CITIZENS FOR A QUALITY COMMUNITY!									
Full Name of Contributor Harvey S Minton						Registration Number, if PAC			
Street Address 6641 N High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Worthington		State OH	Zip Code 43085		M 0	D 4	Y 2	Y 8	Amount \$50.00
Full Name of Contributor Fifth Third Bancorp PAC						Registration Number, if PAC Federal C00290502			
Street Address 550 East Walnut Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43215		M 0	D 4	Y 3	Y 0	Amount \$250.00
Full Name of Contributor Michelle K Geissbuhler						Registration Number, if PAC			
Street Address 365 Medick Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Worthington		State OH	Zip Code 43085		M 0	D 5	Y 0	Y 3	Amount \$50.00
Full Name of Contributor Mary Butterfield						Registration Number, if PAC			
Street Address 6781 Thorne St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Worthington		State OH	Zip Code 43085		M 0	D 5	Y 0	Y 3	Amount \$25.00
Full Name of Contributor Ryan Sarni						Registration Number, if PAC			
Street Address 6649 Stenten St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Worthington		State OH	Zip Code 43085		M 0	D 5	Y 0	Y 4	Amount \$20.00
Full Name of Contributor US Bank						Registration Number, if PAC			
Street Address 4000 W Broadway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Robbinsdale		State MN	Zip Code 55422		M 0	D 6	Y 0	Y 2	Amount \$500.00
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	

* 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)]