

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Bonnie Michael					
Full Name of Contributor William Westerman				Registration Number, if PAC	
Street Address 6733 Hayhurst St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Worthington	State OH	Zip Code 43085	Amount 25.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Gordon & Susan Clark				Registration Number, if PAC	
Street Address 1310 Lakeside Pl	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Worthington	State OH	Zip Code 43085	Amount 25.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Thomas & Barbara Bubenik				Registration Number, if PAC	
Street Address 5972 Baronscourt Way	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Worthington	State OH	Zip Code 43085	Amount 50.00		
Form(Cash, Check, etc) check					
Full Name of Contributor George Michael				Registration Number, if PAC	
Street Address 2849 Canterbury Ln	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43221	Amount 50.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Michael Houlahan & Edwina Carreon				Registration Number, if PAC	
Street Address 6774 Lakeside Cir W	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Worthington	State OH	Zip Code 43085	Amount 25.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Lewis & Betty Lyle				Registration Number, if PAC	
Street Address 525 Lambourne Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Worthington	State OH	Zip Code 43081	Amount 25.00		
Form(Cash, Check, etc) check					
Full Name of Contributor George Campbell				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Worthington	State OH	Zip Code 43085	Amount 20.00		
Form(Cash, Check, etc) check					

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 220.00