

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bonnie Michael							Registration Number, if PAC		
Full Name of Contributor Pamela Esch							Form (Cash, Check, etc.) check		
Street Address 350 Medick Way			Employer/Occupation/Labor Organization*			Amount \$25.00			
City Worthington			State OH		Zip Code 43085		M D Y 0 5 1 7 1 1		
Full Name of Contributor Barbara Bubenik							Registration Number, if PAC		
Street Address 5972 Baronscourt Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dublin			State OH		Zip Code 43016		M D Y 0 5 2 4 1 1		
Full Name of Contributor Rosemary Coe							Registration Number, if PAC		
Street Address 123 St Julien St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Worthington			State OH		Zip Code 43085		M D Y 0 5 1 6 1 1		
Full Name of Contributor John Hauelsen							Registration Number, if PAC		
Street Address 587 Fox Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Worthington			State OH		Zip Code 43085		M D Y 0 5 1 1 1 1		
Full Name of Contributor George Michael							Registration Number, if PAC		
Street Address 2849 Canterbury Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43221		M D Y 0 5 2 0 1 1		
Full Name of Contributor Michael Houlahan							Registration Number, if PAC		
Street Address 6774 Lakeside Cir W			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Worthington			State OH		Zip Code 43085		M D Y 0 5 2 4 1 1		
Full Name of Contributor Lewis y Lyle							Registration Number, if PAC		
Street Address 525 Lambourne Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Worthington			State OH		Zip Code 43085		M D Y 0 5 2 4 1 1		
Full Name of Contributor George Campbell							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash			
City			State OH		Zip Code		M D Y 0 5 2 4 1 1		
							Amount \$20.00		

* 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 also appear. [R.C. 3517.10(B)(4)]