



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Bonnie Michael				
Full Name of Contributor Beverly K. Poulson			Registration Number, if PAC	
Street Address 10193 Braemar Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 09/24/2019	Amount 50.00
Full Name of Contributor John Okeefe			Registration Number, if PAC	
Street Address 6784 Joslyn Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/25/2019	Amount 250.00
Full Name of Contributor Total Contributions from Form no. 31-E (Fund Raising Event)			Registration Number, if PAC	
Street Address 890 High Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) checks & \$10 cash
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/26/2019	Amount 590.00
Full Name of Contributor Clayton D Carmany			Registration Number, if PAC	
Street Address 6179 Maxton Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/25/2019	Amount 50.00
Full Name of Contributor William S Myers			Registration Number, if PAC	
Street Address 272 Colonial Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/24/2019	Amount 50.00

*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)]

Page Total 990.00