

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bonnie Michael				
Full Name of Contributor Linda Leah Reibel			Registration Number, if PAC	
Street Address 39 Orchard Drive	Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 1 5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Scott R Smith			Registration Number, if PAC	
Street Address 1403 Clubview Blvd N	Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor Kimberly Hamilton-Holmes			Registration Number, if PAC	
Street Address 267 Blandford Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 1 5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Frederick A Vierow			Registration Number, if PAC	
Street Address 6670 Haymore Ave West	Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 1 5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert Holmes			Registration Number, if PAC	
Street Address 88 Rockwell Way	Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 1 5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Maryellen Reash			Registration Number, if PAC	
Street Address 7658 Stanwick Ct	Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 1 5	Amount \$50.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) check	
Full Name of Contributor Robin J. Reash			Registration Number, if PAC	
Street Address 7658 Stanwick Ct	Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 1 5	Amount \$50.00
City Dublin	State OH	Zip Code 43016	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 also 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

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Total expenditures this event.

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Page Total \$ 500.00