

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bonnie Michael							
Full Name of Contributor Nancy Brightman						Registration Number, if PAC	
Street Address 340 W South St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 6	Y 11	Amount 50.00
Full Name of Contributor Sandy Byers						Registration Number, if PAC	
Street Address 139 Saint Julien St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 6	Y 11	Amount 25.00
Full Name of Contributor Citizens for Duffey						Registration Number, if PAC	
Street Address 645 Farrington Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 6	Y 11	Amount 50.00
Full Name of Contributor Robert Holmes						Registration Number, if PAC	
Street Address 88 Rockworth Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 11	Amount 20.00
Full Name of Contributor Gayna Strachota						Registration Number, if PAC	
Street Address 5749 N High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 7	Y 11	Amount 80.00
Full Name of Contributor Nancy Poss						Registration Number, if PAC	
Street Address 549 Lambourne Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 11	Amount 25.00
Full Name of Contributor Nolan Rindfleisch						Registration Number, if PAC	
Street Address 6800 Worthington Gelena Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 9	Y 11	Amount 25.00
Full Name of Contributor Katie Walsh						Registration Number, if PAC	
Street Address 8433 Cullingford Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Charlotte		State NC	Zip Code 28216	M 1	D 0	Y 11	Amount 10.00

\* 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)]