

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 Frederick Vierow				Registration Number, if PAC	
Street Address 6670 Haymore Ave West	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 Jane McCoy				Registration Number, if PAC	
Street Address 2249 Coventr Rd Apt D	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 Robert & Mary Jo Wendling				Registration Number, if PAC	
Street Address 199 Selby Blvd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Worthington	State OH	Zip Code 43085	Amount 100.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Ardaman & Suzan Singh				Registration Number, if PAC	
Street Address 195 E South St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Worthington	State OH	Zip Code 43085	Amount 100.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Wendie Gerus & Mark Levy				Registration Number, if PAC	
Street Address 223 Abbot Ave	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 Richard Lamprey				Registration Number, if PAC	
Street Address 6676 Stenton	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 Mary Jo Cusack				Registration Number, if PAC	
Street Address 7140 N High St Ste 210	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					

* 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 \$ 400.00