Statement of Contributions Received

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Page	-	

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bonnie Michael					-	
Full Name of Contributor			Registration Number, if PAC			
William J Lhota						
Street Address	Employer/Occupat	tion/Labor Organization	•			Form (Cash, Check, etc.)
838 Cambridge Ct						Check
City Worthington	State OH	Zip Code 43085	1 0	D 5	1 5	Amount \$250.00
Full Name of Contributor	<u>, </u>	<u>, </u>	Registra	non Nun	nber, if P	AC
Fundraising Event - Total Contributions from	Form 31e (p	og 1 & 2)				
Street Address	Employer/Occupat	tion/Labor Organization				Form (Cash, Check, etc.)
195 E South Street						Cash, Checks
City	State	Zip Code	M	D	Y	Amount
Worthington	OH	43085	ОΒ	2 7	1 5	\$910.00
Full Name of Contributor			Registra	tion Nun	nber, if P	AC
Street Address	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	l Di	T VI	Amount
	OH	S.P. Com	'``	[]	[]	7 1112/1111
Full Name of Contributor			Registra	tion Num	ber, if Pa	AC
			11081241			
Street Address	Employer/Occupat	tion/Labor Organization				Form (Cash, Check, etc.)
		-				
City	State	Zip Code	M	D	Y	Amount
	OH					
Full Name of Contributor	-		Registra	tion Num	nber, if PA	AC
Street Address	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)
	1	·			i	
City	Stake	Zip Code	M	D	Yi	Amount
	OH					
Full Name of Coumbutor	<u> </u>		Registra	tion Nur	aber, if P	AC
Street Address	Employer/Occupat	tion/Labor Organization				Form (Cash, Check, etc.)
	' ', ' ' ' ' ' '					
City	State	Zip Code	M	D	Yi	Amount
	ОН]]	
Full Name of Contributor		<u>.</u>	Registra		iber, if P/	AC
Street Address	Employer/Occupst	tion/Labor Organization*				Form (Cash, Check, etc.)
	Zinpioyen occupa	nou out organization				
City	State	Zip Code	М	D	Ŋ	Amount
	OH	`			:	
Full Name of Contributor	1 7	<u> </u>	Registra	tion Nun	aber, if Pa	AC .
			L	_		
Street Address	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>					
City	State	Zip Code	M	P	M	Amount
	OH		1 1		'	

Page Total \$1,160.00

^{*} 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)]