

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 Ed Johnson			Registration Number, if PAC	
Street Address 867 N High St Ste D	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 1	Amount 50.00
City Worthington	State O H	Zip Code 43085	Form(Cash, Check, etc) check	
Full Name of Contributor Alan Acker			Registration Number, if PAC	
Street Address 145 E Rich St 4th Fl	Employer/Occupation/Labor Organization*		M D Y 0 5 2 7 1 1	Amount 300.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Hienz & Wally Pietz			Registration Number, if PAC	
Street Address 195 Sinsbury Dr N	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 1	Amount 15.00
City Worthington	State O H	Zip Code 43085	Form(Cash, Check, etc) check	
Full Name of Contributor Laura Marienak			Registration Number, if PAC	
Street Address 560 Lambourne	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 1	Amount 15.00
City Worthington	State O H	Zip Code 43085	Form(Cash, Check, etc) check	
Full Name of Contributor Robert Chosy			Registration Number, if PAC	
Street Address 250 Highgate Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 1	Amount 50.00
City Worthington	State O H	Zip Code 43085	Form(Cash, Check, etc) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	

* 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 \$ 430.00