

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

|                                                                    |                                         |                          |                                        |                             |                         |
|--------------------------------------------------------------------|-----------------------------------------|--------------------------|----------------------------------------|-----------------------------|-------------------------|
| Name of Committee in Full<br><b>Citizens for Bonnie Michael</b>    |                                         |                          |                                        |                             |                         |
| Full Name of Contributor<br><b>Michael &amp; Beth Ann Ball</b>     |                                         |                          |                                        | Registration Number, if PAC |                         |
| Street Address<br><b>925 Robbins Way</b>                           | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                          | D<br><b>5</b>               | Y<br><b>2</b>           |
| City<br><b>Worthington</b>                                         | State<br><b>O</b>                       | Zip Code<br><b>43085</b> | Form(Cash, Check, etc)<br><b>check</b> |                             | Amount<br><b>50.00</b>  |
| Full Name of Contributor<br><b>M Ann Wittmer</b>                   |                                         |                          |                                        | Registration Number, if PAC |                         |
| Street Address<br><b>1156 Ridgedale Dr E</b>                       | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                          | D<br><b>5</b>               | Y<br><b>2</b>           |
| City<br><b>Worthington</b>                                         | State<br><b>O</b>                       | Zip Code<br><b>43085</b> | Form(Cash, Check, etc)<br><b>check</b> |                             | Amount<br><b>25.00</b>  |
| Full Name of Contributor<br><b>Kris Banvard &amp; Paula Deming</b> |                                         |                          |                                        | Registration Number, if PAC |                         |
| Street Address<br><b>6775 Alloway St W</b>                         | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                          | D<br><b>5</b>               | Y<br><b>2</b>           |
| City<br><b>Worthington</b>                                         | State<br><b>O</b>                       | Zip Code<br><b>43085</b> | Form(Cash, Check, etc)<br><b>check</b> |                             | Amount<br><b>25.00</b>  |
| Full Name of Contributor<br><b>Linda Leah Reibel</b>               |                                         |                          |                                        | Registration Number, if PAC |                         |
| Street Address<br><b>39 Orchard Dr</b>                             | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                          | D<br><b>5</b>               | Y<br><b>2</b>           |
| City<br><b>Worthington</b>                                         | State<br><b>O</b>                       | Zip Code<br><b>43085</b> | Form(Cash, Check, etc)<br><b>check</b> |                             | Amount<br><b>100.00</b> |
| Full Name of Contributor<br><b>William &amp; Jennifer Best</b>     |                                         |                          |                                        | Registration Number, if PAC |                         |
| Street Address<br><b>2168 Sutter Pkwy</b>                          | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                          | D<br><b>5</b>               | Y<br><b>2</b>           |
| City<br><b>Dublin</b>                                              | State<br><b>O</b>                       | Zip Code<br><b>43016</b> | Form(Cash, Check, etc)<br><b>check</b> |                             | Amount<br><b>15.00</b>  |
| Full Name of Contributor<br><b>James &amp; Christine Reid</b>      |                                         |                          |                                        | Registration Number, if PAC |                         |
| Street Address<br><b>507 Thackery Ave</b>                          | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                          | D<br><b>5</b>               | Y<br><b>2</b>           |
| City<br><b>Worthington</b>                                         | State<br><b>O</b>                       | Zip Code<br><b>43081</b> | Form(Cash, Check, etc)<br><b>check</b> |                             | Amount<br><b>35.00</b>  |
| Full Name of Contributor<br><b>Michael Pickens</b>                 |                                         |                          |                                        | Registration Number, if PAC |                         |
| Street Address<br><b>550 Lambourne Ave</b>                         | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                          | D<br><b>5</b>               | Y<br><b>2</b>           |
| City<br><b>Worthington</b>                                         | State<br><b>O</b>                       | Zip Code<br><b>43085</b> | Form(Cash, Check, etc)<br><b>check</b> |                             | Amount<br><b>50.00</b>  |

\* 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 \$ 300.00