

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 Mark & Rosemary Pomeroy				Registration Number, if PAC	
Street Address 273 Heischman Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State OH	Zip Code 43085	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Steven & Ann Burk				Registration Number, if PAC	
Street Address 6840 Bowerman St W	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State OH	Zip Code 43085	Amount 35.00	Form(Cash,Check,etc) check	
Full Name of Contributor David & C. Edward Burge				Registration Number, if PAC	
Street Address 8333 Bedlington Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State OH	Zip Code 43085	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Mark & Dianna Clark				Registration Number, if PAC	
Street Address 6840 Hayhurst Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State OH	Zip Code 43085	Amount 75.00	Form(Cash,Check,etc) check	
Full Name of Contributor Richard & Nancy Ollila				Registration Number, if PAC	
Street Address 6800 Abbot Pl	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State OH	Zip Code 43085	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Martha Elech				Registration Number, if PAC	
Street Address 387 Crescent Ct	Employer/Occupation/Labor Organization*		M 0	D 5	Y 3
City Westerville	State OH	Zip Code 43081	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Rita & David Goss				Registration Number, if PAC	
Street Address 941 Robbins Way	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State OH	Zip Code 43085	Amount 50.00	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 \$ 310.00