

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bonnie Michael				
Full Name of Contributor Joseph Mas			Registration Number, if PAC	
Street Address 439 Colonial Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Cash	
Full Name of Contributor H. Hemami			Registration Number, if PAC	
Street Address 6888 Downs St	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$10.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen K. Gorski			Registration Number, if PAC	
Street Address 2667 Pointewood Loop	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$100.00
City Galena	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Walter H. Beever			Registration Number, if PAC	
Street Address 57 Larimer Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Okeeffe			Registration Number, if PAC	
Street Address 6784 Joslyn Place	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor James G May			Registration Number, if PAC	
Street Address 6011 Weatherburn Pl	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Lyon			Registration Number, if PAC	
Street Address 6500 Pleasenton Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	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 also 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

\$910.00

Total expenditures this event.

\$204.24

Page Total \$ 6610.00