



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Bonnie Michael				
Full Name of Contributor Phyllis M Byard			Registration Number, if PAC	
Street Address 87 Orchard Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 08/15/2019	Amount 100.00
Full Name of Contributor Christine D Reid			Registration Number, if PAC	
Street Address 507 Trackeray Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/13/2019	Amount 50.00
Full Name of Contributor Ralph J Kownacki			Registration Number, if PAC	
Street Address 4138 Bishopsgate Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 09/13/2019	Amount 40.00
Full Name of Contributor Barry Direnfeld			Registration Number, if PAC	
Street Address 3330 North Albemarle St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Arlington	State VA	Zip Code 22207	Date (MM/DD/YYYY) 09/12/2019	Amount 500.00
Full Name of Contributor Joanne E Leussing			Registration Number, if PAC	
Street Address 613 Evening St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/13/2019	Amount 100.00

*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)]