

# 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 Evelyn Lundberg Stratton J D			Registration Number, if PAC	
Street Address 28 W Stafford Ave	Employer/Occupation/Labor Organization*		M   D   Y 0   5   0   6   1   5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Micael L Silberstein			Registration Number, if PAC	
Street Address 1093 Funtain Ln Apt D	Employer/Occupation/Labor Organization*		M   D   Y 0   5   0   6   1   5	Amount \$50.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Bronwynn R Hopton			Registration Number, if PAC	
Street Address 118 West Granville Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   5   0   6   1   5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Cindy H Frankland			Registration Number, if PAC	
Street Address 6812 Downs St	Employer/Occupation/Labor Organization*		M   D   Y 0   5   0   6   1   5	Amount \$25.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor H E Pflieger			Registration Number, if PAC	
Street Address 565 Westbury Woods Ct	Employer/Occupation/Labor Organization*		M   D   Y 0   5   0   6   1   5	Amount \$25.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Wendie A Gerus			Registration Number, if PAC	
Street Address 223 Abbot Ave	Employer/Occupation/Labor Organization*		M   D   Y 0   5   0   6   1   5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor James Lorimer			Registration Number, if PAC	
Street Address 1215 Worthington Woods Blvd	Employer/Occupation/Labor Organization*		M   D   Y 0   5   0   6   1   5	Amount \$500.00
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

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Total expenditures this event.

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Page Total \$	\$800.00
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