31-A R.C. 3517.10

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bonnie Michael					
Full Name of Contributor Ralph J Kownacki	·	.	Registration Number, if	PAC	
Street Address	E-mla - Oan	ipation/Labor Organization		Form (Cash, Check, etc.)	
4138 Bishopsgate Way	Employerocce	ipanoivizator Organizarion		Check	
City Powell	State OH	Zip Code 43065	0 4 2 4 1 5	Amount \$50.00	
Full Name of Contributor	<u> </u>		Registration Number, if	PAC	
Louis J Roseberry Goorey					
Street Address 3175 Tremont Rd Suite 206	Employer/Occa	Employer/Occupation/Labor Organization			
City Upper Arlington	Suate OH	Zip Code 43221	0 5 0 4 1 5	Amount \$50.00	
Full Name of Contributor Robert Burpee			Registration Number, if PAC		
Street Address 2377 Collins Dr	Employer/Occa	Employer/Occupation/Labor Organization			
City Worthington	State OH	Zip Code 43085	M D Y 1 5 1 5	Amount \$50.00	
Full Name of Contributor Michael Gilliland OD			Registration Number, if	Registration Number, if PAC	
Street Address 6563 Masefield St	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check	
City Worthington	State OH	Zip Code 43085	M D Y	Amount \$200.00	
Full Name of Contributor Ed Johnston			Registration Number, if	PAC	
Street Address 867 High Street Suite D	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) check	
City Worthington	State OH	Zip Code 43085	0 5 0 4 1 5	Amount \$25.00	
Full Name of Contributor Gary G Berntson	•	•	Registration Number, if	PAC	
Street Address 114 Saint Julien St	Employer/Occu	Employer/Occupation/Labor Organization			
City Worthington	State OH	Zip Code 43085	0 4 3 0 1 5	Amount \$50.00	
Full Name of Contributor	· ·		Registration Number, if PAC		
Street Address	Employer/Occu	pation/Labor Organization*	· · !	Form (Cash, Check, etc.)	
City	Stajie OH	Zip Code	M D Y	Amount	
Full Name of Contributor	•		Registration Number, if	PÂC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	

Page Total \$425.00

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)]