

31-E

R.C. 3517.10(B)

Event Date 5/6/15

Page 2

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

Prescribed by Secretary of State 03/05

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|--|---|-------------------|------------------------------------|--------------------|
| Name of Committee in Full Citizens for Bonnie Michael | | | | |
| Full Name of Contributor Dianna Clark | | | Registration Number, if PAC | |
| Street Address 6840 Hayhurst St | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 6 1 5 | Amount \$75.00 |
| City Worthington | State OH | Zip Code 43085 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Deborah J W Beever | | | Registration Number, if PAC | |
| Street Address 57 Lamimer Ave | 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 Rachael Dorothy | | | Registration Number, if PAC | |
| Street Address 179 Kenbrook Drive | 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 Michael Troper | | | Registration Number, if PAC | |
| Street Address 85 Highland Ave | 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 Candace Brooks | | | Registration Number, if PAC | |
| Street Address 483 N Selby Blvd | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 6 1 6 | Amount \$25.00 |
| City Worthington | State OH | Zip Code 43085 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Paul T McGowan | | | Registration Number, if PAC | |
| Street Address POBox 32074 | Employer/Occupation/Labor Organization* | | M D Y 0 5 0 6 1 5 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43232 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Douglas E Hoover | | | Registration Number, if PAC | |
| Street Address 66660 N High Street Suite 2E | Employer/Occupation/Labor Organization* attorney | | M D Y 0 5 0 6 1 5 | Amount \$150.00 |
| 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 \$ 475.00