

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizen for Bonnie Michael							
Full Name of Contributor David Foust						Registration Number, if PAC	
Street Address 675 Oxford St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 2	Amount \$50.00
Full Name of Contributor David Michael						Registration Number, if PAC	
Street Address 6681 Markwood			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 2	Amount \$25.00
Full Name of Contributor Loraine Compton						Registration Number, if PAC	
Street Address 477 Poe Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 2	Amount \$25.00
Full Name of Contributor Marjorie Knight						Registration Number, if PAC	
Street Address 461 Fairlawn Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43214	M 0	D 5	Y 2	Amount \$25.00
Full Name of Contributor Amy Scarfpin						Registration Number, if PAC	
Street Address 227 W Dublin Granville Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 2	Amount \$20.00
Full Name of Contributor Jane Minton						Registration Number, if PAC	
Street Address 617 Hartford St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 2	Amount \$40.00
Full Name of Contributor Rosemary Pomeroy						Registration Number, if PAC	
Street Address 273 Heischman Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 2	Amount \$50.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					

* 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)]

Page Total **\$235.00**