



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Bonnie Michael				
Full Name of Contributor O. Ross Long			Registration Number, if PAC	
Street Address 126 N Sandusky St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Delaware	State OH <input type="checkbox"/>	Zip Code 43015	Date (MM/DD/YYYY) 02/01/2019	Amount 100.00
Full Name of Contributor James J Lorimer			Registration Number, if PAC	
Street Address 425 Longfellow Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 04/01/2019	Amount 1,000.00
Full Name of Contributor Thomas J Reis			Registration Number, if PAC	
Street Address 6305 Westbrook Pl	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 04/29/2019	Amount 25.00
Full Name of Contributor Diane M Selby			Registration Number, if PAC	
Street Address 6750 Merwin Pl	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43235	Date (MM/DD/YYYY) 04/29/2019	Amount 25.00
Full Name of Contributor Gary Berntson			Registration Number, if PAC	
Street Address 114 St Julien St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 04/29/2019	Amount 25.00

*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)]