



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Bonnie Michael				
Full Name of Contributor Beverly K Paulson			Registration Number, if PAC	
Street Address 10193 Braemar Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 05/18/2019	Amount 35.00
Full Name of Contributor Donald R Kenney Jr			Registration Number, if PAC	
Street Address 4682 Village Club Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 05/22/2019	Amount 250.00
Full Name of Contributor Michael Troper			Registration Number, if PAC	
Street Address 85 Highland Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 05/17/2019	Amount 25.00
Full Name of Contributor George Michael			Registration Number, if PAC	
Street Address 2849 Canterbury Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 05/20/2019	Amount 25.00
Full Name of Contributor Jennifer A Best			Registration Number, if PAC	
Street Address 2168 Sutter Pkw	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 05/18/2019	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)]