

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |                       |                          |   |                   |                   |                             |  |  |  |
|---|-----------------------|--------------------------|---|-------------------|-------------------|-----------------------------|--|--|--|
| Name of Committee in Full<br><b>Citizens for Bonnie Michael</b> |                       |                          |   |                   |                   |                             |  |  |  |
| Full Name of Contributor<br><b>Marie Chavet</b>                 |                       |                          |   |                   |                   | Registration Number, if PAC |  |  |  |
| Street Address<br><b>5732 Hartford St</b>                       |                       |                          | Employer/Occupation/Labor Organization* |                   |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Worthington</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43085</b> | M<br><b>0   6</b>                       | D<br><b>1   2</b> | Y<br><b>1   1</b> | Amount<br><b>50.00</b>      |  |  |  |
| Full Name of Contributor<br><b>Miriam Utter</b>                 |                       |                          |   |                   |                   | Registration Number, if PAC |  |  |  |
| Street Address<br><b>194 Sinsbury Dr N</b>                      |                       |                          | Employer/Occupation/Labor Organization* |                   |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Worthington</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43085</b> | M<br><b>0   8</b>                       | D<br><b>0   1</b> | Y<br><b>1   1</b> | Amount<br><b>25.00</b>      |  |  |  |
| Full Name of Contributor<br><b>Peter Barnhart</b>               |                       |                          |   |                   |                   | Registration Number, if PAC |  |  |  |
| Street Address<br><b>15 Whieldon Ln</b>                         |                       |                          | Employer/Occupation/Labor Organization* |                   |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Worthington</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43085</b> | M<br><b>0   8</b>                       | D<br><b>1   5</b> | Y<br><b>1   1</b> | Amount<br><b>25.00</b>      |  |  |  |
| Full Name of Contributor<br><b>Sara Willson</b>                 |                       |                          |   |                   |                   | Registration Number, if PAC |  |  |  |
| Street Address<br><b>2143 Willowick Dr</b>                      |                       |                          | Employer/Occupation/Labor Organization* |                   |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Columbus</b>   | State<br><b>O   H</b> | Zip Code<br><b>43229</b> | M<br><b>1   0</b>                       | D<br><b>0   1</b> | Y<br><b>1   1</b> | Amount<br><b>10.00</b>      |  |  |  |
| Full Name of Contributor<br><b>Harold Keller</b>                |                       |                          |   |                   |                   | Registration Number, if PAC |  |  |  |
| Street Address<br><b>543 Greenglade Ave</b>                     |                       |                          | Employer/Occupation/Labor Organization* |                   |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Worthington</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43085</b> | M<br><b>1   0</b>                       | D<br><b>0   1</b> | Y<br><b>1   1</b> | Amount<br><b>100.00</b>     |  |  |  |
| Full Name of Contributor<br><b>Barbara Avery</b>                |                       |                          |   |                   |                   | Registration Number, if PAC |  |  |  |
| Street Address<br><b>488 Greenglade Ave</b>                     |                       |                          | Employer/Occupation/Labor Organization* |                   |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Worthington</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43085</b> | M<br><b>1   0</b>                       | D<br><b>0   2</b> | Y<br><b>1   1</b> | Amount<br><b>25.00</b>      |  |  |  |
| Full Name of Contributor<br><b>Winona Hamilton</b>              |                       |                          |   |                   |                   | Registration Number, if PAC |  |  |  |
| Street Address<br><b>187 Crandall Dr</b>                        |                       |                          | Employer/Occupation/Labor Organization* |                   |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Worthington</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43085</b> | M<br><b>1   0</b>                       | D<br><b>0   1</b> | Y<br><b>1   1</b> | Amount<br><b>15.00</b>      |  |  |  |
| Full Name of Contributor<br><b>Melissa Conrath</b>              |                       |                          |   |                   |                   | Registration Number, if PAC |  |  |  |
| Street Address<br><b>148 E South St</b>                         |                       |                          | Employer/Occupation/Labor Organization* |                   |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Worthington</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43085</b> | M<br><b>1   0</b>                       | D<br><b>0   1</b> | Y<br><b>1   1</b> | Amount<br><b>25.00</b>      |  |  |  |

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 275.00