

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bonnie Michael				
Full Name of Contributor Maryellen Reash			Registration Number, if PAC	
Street Address 7658 Stanwick Ct	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$100.00
City Dublin	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bonnie L. Smith			Registration Number, if PAC	
Street Address 1403 Clubview Blvd N	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sandra R Byers			Registration Number, if PAC	
Street Address 139 Saint Julien St	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda Mercadante			Registration Number, if PAC	
Street Address 439 Colonial Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Bernison			Registration Number, if PAC	
Street Address 115 Saint Julien St	Employer/Occupation/Labor Organization*		M D Y 0 8 2 7 1 5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 300.00
