

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|--|--|-------------|---|--|--------|-----------------------------|-----------------------------------|------------------|--|
| Name of Committee in Full Citizens for Bonnie Michael | | | | | | | | | |
| Full Name of Contributor Michael Zajano | | | | | | Registration Number, if PAC | | | |
| Street Address 6696 Markwood St | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Worthington | | State OH | Zip Code 43085 | | M 1 | D 0 | Y 1 | Amount 25.00 | |
| Full Name of Contributor Mark Vaas | | | | | | Registration Number, if PAC | | | |
| Street Address 7015 Hatherly Pl | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State OH | Zip Code 43235 | | M 1 | D 0 | Y 1 | Amount 60.00 | |
| Full Name of Contributor James Lorimer | | | | | | Registration Number, if PAC | | | |
| Street Address 1215 Worthington Woods Blvd | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Worthington | | State OH | Zip Code 43085 | | M 1 | D 0 | Y 1 | Amount 250.00 | |
| Full Name of Contributor Thomas Walsh | | | | | | Registration Number, if PAC | | | |
| Street Address 5326 Valley Forge St | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Orient | | State OH | Zip Code 43146 | | M 1 | D 0 | Y 1 | Amount 25.00 | |
| Full Name of Contributor Maryellen Reasch | | | | | | Registration Number, if PAC | | | |
| Street Address 7658 Stanwick Ct | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Dublin | | State OH | Zip Code 43016 | | M 1 | D 0 | Y 1 | Amount 50.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |

* 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)]