

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bonnie Michael							
Full Name of Contributor Pamela R Esch						Registration Number, if PAC	
Street Address 350 Medick Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 0	D 9	Y 0	Amount \$25.00
Full Name of Contributor Lynda L Chambers						Registration Number, if PAC	
Street Address 124 Northhigh Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor Richard E Posey						Registration Number, if PAC	
Street Address 200 Greenbriar Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor David B Williams						Registration Number, if PAC	
Street Address 878 Cambridge Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 0	D 8	Y 2	Amount \$250.00
Full Name of Contributor Jack Miner						Registration Number, if PAC	
Street Address 2005 Samada Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online Check Pay	
City Worthington		State OH	Zip Code 43085	M 0	D 8	Y 2	Amount \$100.00
Full Name of Contributor M. Ann Wittmer						Registration Number, if PAC	
Street Address 1156 Ridgedale Dr E			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 0	D 8	Y 2	Amount \$50.00
Full Name of Contributor Marilyn A. Beerman						Registration Number, if PAC	
Street Address 6752 Thorne St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 0	D 8	Y 2	Amount \$50.00
Full Name of Contributor Tasha Allison Holmes						Registration Number, if PAC	
Street Address 6636 McLean Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City McLean		State VA	Zip Code 22101	M 0	D 9	Y 0	Amount \$100.00

* 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)]

Page Total **\$775.00**