

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Bonnie Michael					
Full Name of Contributor Paula Brooks				Registration Number, if PAC	
Street Address 4585 Benderton Ct	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State O H	Zip Code 43085	Amount 150.00	Form(Cash, Check, etc) check	
Full Name of Contributor David Foust				Registration Number, if PAC	
Street Address 675 Oxford St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State O H	Zip Code 43085	Amount 50.00	Form(Cash, Check, etc) check	
Full Name of Contributor David Michael				Registration Number, if PAC	
Street Address 6681 Markwood	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State O H	Zip Code 43085	Amount 25.00	Form(Cash, Check, etc) check	
Full Name of Contributor Loraine Compton				Registration Number, if PAC	
Street Address 477 Poe Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State O H	Zip Code 43085	Amount 25.00	Form(Cash, Check, etc) check	
Full Name of Contributor Marjorie Knight				Registration Number, if PAC	
Street Address 461 Fairlawn Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State O H	Zip Code 43085	Amount 25.00	Form(Cash, Check, etc) check	
Full Name of Contributor Amy Scarfpin				Registration Number, if PAC	
Street Address 227 W Dublin Granville	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State O H	Zip Code 43085	Amount 20.00	Form(Cash, Check, etc) check	
Full Name of Contributor Jane & Harvey Minton				Registration Number, if PAC	
Street Address 617 Hartfod St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Worthington	State O H	Zip Code 43085	Amount 40.00	Form(Cash, Check, etc) check	

* 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)]

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

Total expenditures this event

Page Total \$ 335.00