

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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 O H	Zip Code 43085	M 1 0	D 1 4	Y 1 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 O H	Zip Code 43235	M 1 0	D 1 1	Y 1 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 O H	Zip Code 43085	M 1 0	D 1 4	Y 1 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 Worthington	State O H	Zip Code 43085	M 1 0	D 1 5	Y 1 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 O H	Zip Code 43016	M 1 0	D 1 5	Y 1 1	Amount 50.00	
Full Name of Contributor Cindy Frankland						Registration Number, if PAC	
Street Address 6812 Downs St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington	State O H	Zip Code 43085	M 0 5	D 1 3	Y 1 1	Amount 20.00	
Full Name of Contributor Nancy Poss						Registration Number, if PAC	
Street Address 549 Lambourne Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington	State O H	Zip Code 43085	M 0 5	D 2 4	Y 1 1	Amount 25.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 455.00