

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Bonnie Michael</b>									
Full Name of Contributor <b>Cal Taylor</b>						Registration Number, if PAC			
Street Address <b>701 Morning St W</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>cash</b>		
City <b>Worthington</b>		State <b>O   H</b>		Zip Code <b>43085</b>		M   D   Y <b>0   9   2   7   1   1</b>		Amount <b>100.00</b>	
Full Name of Contributor <b>Virginia McDougle</b>						Registration Number, if PAC			
Street Address <b>5935 N High St At 108</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Worthington</b>		State <b>O   H</b>		Zip Code <b>43085</b>		M   D   Y <b>0   8   3   0   1   1</b>		Amount <b>25.00</b>	
Full Name of Contributor <b>David Robinson</b>						Registration Number, if PAC			
Street Address <b>195 E Dublin Granville Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Worthington</b>		State <b>O   H</b>		Zip Code <b>43085</b>		M   D   Y <b>0   7   1   4   1   1</b>		Amount <b>50.00</b>	
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	
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	
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	
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	
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	
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 \$ 175.00