## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N. 100								·
Name of Committee in Full								
Citizens for Bonnie Michael								
Full Name of Contributor				Registra	ation Nun	iber, if PA	.C	
Cal Taylor								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
701 Morning St W							cash	
City	Sta		Zip Code	M	D	Y	Amount	
Worthington		_H	43085	0 9	2 7	1 1	100.	.00_
Full Name of Contributor Registration Number, if PAC								
Virginia McDougle								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5935 N High St At 108	-						check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Worthington	101	Н	43085	ไกโล	3 0	1111	25.	.00
Full Name of Contributor			1000			ber, if P/		
David Robinson								
Street Address	Employe	t/Occuna	ation/Labor Organization*	Ь—			Form (Cash, Check, etc.)	
195 E Dublin Granville Rd		Employer/Occupation/Lador Organization				check		
City	Sta	ate	Zip Code	М	D	Y	Amount	
		Н	43085	017	1 .	1 .		.00
Worthington		11	43003					.00
Full Name of Contributor				Registr	alion Nun	nber, if P/	ic .	
	Tax .	10		<u> </u>			In (0 1 0) 1 1 1	
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)	1
	<del></del>							
City	St	ate	Zip Code	M	D	Y	Amount	
				<u> </u>				
Full Name of Contributor Registration Number, if PAC								
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	,
City	St	ate	Zip Code	М	D	Y	Amount	
Full Name of Contributor			•	Registr	ation Nun	nber, if P/	AC .	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	)
	1						}	
City	St	ate	Zip Code	M	D	Y	Amount	
l,			<b>'</b>	l i	1 :	1 1		
Full Name of Contributor			<u> </u>	Registr	ation Nur	nber, if Pa	\C	
Full Name of Contributor Registration Number, if Pa								
Street Address	Employe	r/Occum	ation/Labor Organization*				Form (Cash, Check, etc.)	
Succi Addiess	Employer/Occupation/Labor Organization*						roim (cash, check, cic.)	,
City	<del></del>	ate	Zip Code	М	T D	Y	Amount	
City	3,	41 <del>.</del>	Zip Code	.   1	1 1	1 '	Amount	
	ل	<u> </u>		B (-1-	<u> </u>	-1 :cn		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	)
			1		<del></del>	T		
City	St	ate	Zip Code	M.	D	Y	Amount	
		<u> </u>	<u> </u>					

\* 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
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