



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Bonnie Michael				
Full Name of Contributor Anthony Lordo, DDS, LLC			Registration Number, if PAC	
Street Address 1000 N HighStreet		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 05/06/2019	Amount 250.00
Full Name of Contributor Dorothy Mager			Registration Number, if PAC	
Street Address 6835 Bowerman St E		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 05/09/2019	Amount 25.00
Full Name of Contributor T Page Brightman Rev Trust			Registration Number, if PAC	
Street Address 340 W South St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 05/09/2019	Amount 100.00
Full Name of Contributor JohnOkeeffe			Registration Number, if PAC	
Street Address 6784 Joslyn Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 05/09/2019	Amount 100.00
Full Name of Contributor Richard Parker Macdonel			Registration Number, if PAC	
Street Address 320 Medick Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 05/09/2019	Amount 250.00

*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 725.00