

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Citizens for Bonnie Michael						
Full Name of Contributor			Registration Number, if PAC			
Nancy Ollila						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6800 Abbot Pl			0	5	0615	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Worthington	OH	43085	check			
Full Name of Contributor			Registration Number, if PAC			
Joyce K Johnson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5247 Conklin Dr			0	5	0615	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Hilliard	OH	43026	check			
Full Name of Contributor			Registration Number, if PAC			
G. Gary Tyack						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
381 Loveman Ave 427 Pittsfield Dr			0	5	0615	\$10.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Worthington	OH	43085	check			
Full Name of Contributor			Registration Number, if PAC			
David Kessler						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6988 Eastview Dr			0	5	0615	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Worthington	OH	43085	check			
Full Name of Contributor			Registration Number, if PAC			
Zita M Hunt						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7618 Deercreek Dr			0	5	0615	\$75.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Worthington	OH	43085	check			
Full Name of Contributor			Registration Number, if PAC			
Mark Myers						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4283 Lyon Dr			0	5	0615	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43220	check			
Full Name of Contributor			Registration Number, if PAC			
Dan Coma						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
893 Linkfield Rd W			0	5	0615	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Worthington	OH	43085	cach			

* 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)]

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.