

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Yassenoff							
Full Name of Contributor Jean Bay					Registration Number, if PAC		
Street Address 4410 Shire Creek Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 9	D 1 4	Y 1 1	Amount 250.00	
Full Name of Contributor Steve Hurst					Registration Number, if PAC		
Street Address 2220 Hadleigh Road		Employer/Occupation/Labor Organization* Self-Employed - Furniture Retail			Form (Cash, Check, etc.) Cash		
City Upper Arlington	State O H	Zip Code 43220	M 0 9	D 1 6	Y 1 1	Amount 50.00	
Full Name of Contributor John Dunn					Registration Number, if PAC		
Street Address 25-15 35th Avenue		Employer/Occupation/Labor Organization* Student			Form (Cash, Check, etc.) Check		
City Astoria	State N Y	Zip Code 11106	M 0 9	D 1 7	Y 1 1	Amount 50.00	
Full Name of Contributor Dan Fronk					Registration Number, if PAC		
Street Address 140 Laurel View Drive		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City St. Simons Island	State G A	Zip Code 31522	M 0 9	D 1 7	Y 1 1	Amount 50.00	
Full Name of Contributor Juliana Schultz					Registration Number, if PAC		
Street Address 1450 Worthington Street, Apt. F		Employer/Occupation/Labor Organization* Franklin County Republican Party			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 9	D 1 7	Y 1 1	Amount 35.00	
Full Name of Contributor Thomas J. Riley					Registration Number, if PAC		
Street Address 4923 Stonehaven Drive		Employer/Occupation/Labor Organization* Best Effort			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 9	D 2 0	Y 1 1	Amount 100.00	
Full Name of Contributor James Long					Registration Number, if PAC		
Street Address 4430 Mountview Road		Employer/Occupation/Labor Organization* Self Employed - Clergy			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 9	D 2 7	Y 1 1	Amount 50.00	
Full Name of Contributor Ryan Augsburg					Registration Number, if PAC		
Street Address 1960 West Fifth Avenue		Employer/Occupation/Labor Organization* Ohio Manufacturers Association			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43212	M 0 9	D 2 7	Y 1 1	Amount 150.00	

* 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 appear. [R.C. 3517.10(B)(4)]