rage 14	Page	14

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Yassenoff Full Name of Contributor			Registratio	ո Nրահ	r. if PAC		
			registratio	мичшиоч	и, и г т с		
Jean Bay	rt- 10	tion/Labor Organization*			Ī	Form (Cash, Chec	k etc.)
Street Address	Employer/Occupa	non/Labor Organization			ľ	•	n, c.c.)
4410 Shire Creek Court			т. Т			Check	
City	State	Zip Code	M	D		Amount	250.00
Hilliard	OH	43026			1 1		250.00
Full Name of Contributor		•	Registratio	on Numb	er, if PAC	:	
Steve Hurst							
Street Address	1	Employer/Occupation/Labor Organization*			ľ	Form (Cash, Check, etc.)	
2220 Hadleigh Road	Self-Emp	Self-Empoyed - Furniture R				Cash	
City	State	Zip Code	М	D	Y	Amount	
Upper Arlington	OIH	43220	0 9	1 6	1 1		50.00
Full Name of Contributor		<u> </u>	Registratio	on Numb	er, if PAC		
John Dunn							
Street Address	Employer/Occupa	ntion/Labor Organization*			T	Form (Cash, Check, etc.)	
1	Student				ì	Check	
25-15 35th Avenue	State	Zip Code	М	D	Y	Amount	
City	N Y	11106	019	1 7	1 1		50.00
Astoria	INI	11100	Registrati				
Full Name of Contributor		!	i co gastrani				
Dan Fronk	E 1 /0	ation/Labor Organization*				Form (Cash, Che	ck. etc.)
Street Address					Check	,,	
140 Laurel View Drive	Retired		D I	Y	Amount		
City	State	Zip Code	M			Аноши	50.00
St. Simons Island	GIA	31522	0 9				50.00
Full Name of Contributor			Registrati	ion Numi	er, II PA	Ç	
Juliana Schultz		<u> </u>				- 6 . 0	
Street Address	1 ' -	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1450 Worthington Street, Apt. F	Franklir	Franklin County Republica				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43201	0 9		1 1		<u>35.00</u>
Full Name of Contributor			Registrat	ion Num	ber, if PA	c	
Thomas J. Riley							
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4923 Stonehaven Drive	1 ' '	Best Effort					
	State	Zip Code	М	D	Y	Amount	
City	OH	43220	Intal	210	1 1	1	100.00
Upper Arlington	10 11	10220	Registrat	tion Num	ber, if PA	ıC	
Full Name of Contributor							
James Long	" IF	and ober Openization*				Form (Cash, Ch	eck, etc.)
Street Address		Employer/Occupation/Labor Organization*				Check	
4430 Mountview Road		Self Employed - Clergy State Zip Code		M D Y		Amount	
City	State			1 .	1 .	, 1110	50.00
Upper Arlington	<u> </u>	43220	0 9		ber, if P/	<u> </u>	50.00
Full Name of Contributor			Kegistra	шоп мил	ioei, ii r/	10	
Ryan Augsburger						F (O:-1- C)	ande ata \
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1960 West Fifth Avenue	Ohio Manufacturers Association			Check			
City	State	Zip Code	М	D	Y	Amount	450.00
Upper Arlington	OLH		0 9			<u>l</u>	150.00
Opper rational and	1	lidates. If contributor is self-e	mployed the	occumatio	n and the	name of the	

* 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	\$ 735.00