## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full       |   |   |                         |                             |  |
|---------------------------------|---|---|-------------------------|-----------------------------|--|
| Citizens for Yassenoff          |   |   |                         |                             |  |
| ull Name of Contributor         |   |   | Registration Number, if | Registration Number, if PAC |  |
| Amy Kerschner                   | _                                       |   |                         |                             |  |
| Street Address                  | Employer/Occupation/Labor Organization* |   |                         | Form (Cash, Check, etc.)    |  |
| 510 North Hedgegate Court       | Self Employed - Fundraisi               |   |                         | Check                       |  |
| City                            | State                                   | Zip Code                                | M D Y                   | Amount                      |  |
| Tiffin                          | O   H                                   | 44883                                   | 0 9 2 7 1               |                             |  |
| Full Name of Contributor        |   |   | Registration Number, if | PAC                         |  |
| Todd Walter                     |   |   |                         |                             |  |
| Street Address                  | Employer/Occupation/Labor Organization* |   |                         | Form (Cash, Check, etc.)    |  |
| 2066 Collingswood Road          | Vorys, Sater, Seymorr and               |   | and Pease               | Check                       |  |
| City                            | State                                   | Zip Code                                | M D Y                   | Amount                      |  |
| Upper Arlington                 | O   H                                   | 43221                                   | 1 0 0 5 1               | 1 25.00                     |  |
| Full Name of Contributor        | <u> </u>                                |   | Registration Number, if | PAC                         |  |
| Loretta Heigle                  |   |   | <u> </u>                |                             |  |
| Street Address                  | Employer/Occup                          | Employer/Occupation/Labor Organization* |                         | Form (Cash, Check, etc.)    |  |
| 2376 Southway Drive             | Retired Teacher                         |   |                         | Check                       |  |
| City                            | State                                   | Zip Code                                | M D Y                   | Amount                      |  |
| Upper Arlington                 | ОН                                      | 43221                                   | 1 0 0 6 1               | 1 25.00                     |  |
| Full Name of Contributor        |   | :                                       | Registration Number, if |                             |  |
| This is an extension            |   | :                                       |                         |                             |  |
| Street Address                  | Employer/Occur                          | nation/Labor Organization               | *                       | Form (Cash, Check, etc.)    |  |
| Partie Albert & Solvenge graves |   | •                                       |                         |                             |  |
| City                            | State                                   | Zip Code                                | M D Y                   | Amount                      |  |
| Oily .                          | 1                                       |   |                         |                             |  |
| Full Name of Contributor        |   | ;                                       | Registration Number, it | PAC                         |  |
|                                 |   |   |                         |                             |  |
| Street Address                  | Employer/Occupation/Labor Organization* |   | ı*                      | Form (Cash, Check, etc.)    |  |
| 5,000                           |   |   |                         |                             |  |
| City                            | State                                   | Zip Code                                | M D Y                   | Amount                      |  |
| City                            | 1                                       | ļ                                       |                         |                             |  |
| Full Name of Contributor        |   |   | Registration Number, i  | f PAC                       |  |
| 1 410 1 14-10 DI COMMINIONI     |   |   |                         |                             |  |
| Street Address                  | Employer/Occupation/Labor Organization* |   |                         | Form (Cash, Check, etc.)    |  |
|                                 |   |   |                         |                             |  |
| City                            | State                                   | Zip Code                                | M D Y                   | Amount                      |  |
| ,                               |   | :                                       |                         |                             |  |
| Full Name of Contributor        |   |   | Registration Number, i  | FPAC                        |  |
|                                 |   |   |                         |                             |  |
| Street Address                  | Employer/Occu                           | pation/Labor Organizatio                | π*                      | Form (Cash, Check, etc.)    |  |
|                                 |   |   |                         |                             |  |
| City                            | State                                   | Zip Code                                | M D Y                   | Amount                      |  |
| <b>1</b>                        |   |   |                         |                             |  |
| Full Name of Contributor        |   |   | Registration Number,    | if PAC                      |  |
|                                 |   |   |                         |                             |  |
| Street Address                  | Employer/Occupation/Labor Organization* |   |                         | Form (Cash, Check, etc.)    |  |
| <u> </u>                        | ,                                       |   | <u>_</u>                |                             |  |
| City                            | State                                   | Zip Code                                | M D                     | Y Amount                    |  |
|                                 |   |   |                         |                             |  |
|                                 |   |   |                         | Lthe 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 fisted. 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 | 8585 | 5.00 |
|------------|------|------|