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| Event Date | 11/12/09 |
| Page | 7 of 9 |

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | |
|---|---|-------------------|-------------------------------|-----------------------------|-----------------|
| Name of Committee in Full Citizens for Yassenoff | | | | | |
| Full Name of Contributor Hana V. Old | | | | Registration Number, if PAC | |
| Street Address 2610 Sherwyn Rd. | Employer/Occupation/Labor Organization* | | M 1 | D 1 | Y 09 |
| City Columbus | State OH | Zip Code 43221 | Form(Cash,Check,etc) Check | | Amount 35.00 |
| Full Name of Contributor Sally J. Walker | | | | Registration Number, if PAC | |
| Street Address 1841 Roxbury Rd. | Employer/Occupation/Labor Organization* | | M 1 | D 1 | Y 09 |
| City Columbus | State OH | Zip Code 43212 | Form(Cash,Check,etc) Check | | Amount 35.00 |
| Full Name of Contributor Patty Hursi | | | | Registration Number, if PAC | |
| Street Address 2220 Hadleigh Road | Employer/Occupation/Labor Organization* | | M 1 | D 1 | Y 09 |
| City Columbus | State OH | Zip Code 43220 | Form(Cash,Check,etc) Check | | Amount 50.00 |
| Full Name of Contributor Eugenia M. Maish | | | | Registration Number, if PAC | |
| Street Address P.O. Box 21034 | Employer/Occupation/Labor Organization* | | M 1 | D 1 | Y 09 |
| City Columbus | State OH | Zip Code 43221 | Form(Cash,Check,etc) Check | | Amount 35.00 |
| Full Name of Contributor Lucretia D. Roach | | | | Registration Number, if PAC | |
| Street Address 2174 Arlington Ave | Employer/Occupation/Labor Organization* | | M 1 | D 1 | Y 09 |
| City Columbus | State OH | Zip Code 43221 | Form(Cash,Check,etc) Check | | Amount 35.00 |
| Full Name of Contributor Eugenia M. Craven | | | | Registration Number, if PAC | |
| Street Address 3138 Kingsmead Trace | Employer/Occupation/Labor Organization* | | M 1 | D 1 | Y 09 |
| City Dublin | State OH | Zip Code 43212 | Form(Cash,Check,etc) Check | | Amount 35.00 |
| Full Name of Contributor Michaeline Brucken | | | | Registration Number, if PAC | |
| Street Address 2349 Keep Pl. | Employer/Occupation/Labor Organization* | | M 1 | D 1 | Y 09 |
| City Columbus | State OH | Zip Code 43204 | Form(Cash,Check,etc) Check | | Amount 35.00 |

* 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)]

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

| |
|------|
| 0.00 |
|------|

Total expenditures this event

| |
|------|
| 0.00 |
|------|

Page Total \$ 260.00