

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Yassenoff</b>				
Full Name of Contributor <b>Thirza E. Hettinger</b>			Registration Number, if PAC	
Street Address <b>60 Park Dr.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   3   1   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Kelly E. Fronk</b>			Registration Number, if PAC	
Street Address <b>1083 Lincoln Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   1   0   1   0   9</b>	Amount <b>35.00</b>
City <b>Grandview Heights</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Gloria P. Jefferson</b>			Registration Number, if PAC	
Street Address <b>1 Miranova Pl., Ste. 1825</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   1   0   1   0   9</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jennifer N. Seidel</b>			Registration Number, if PAC	
Street Address <b>1774 Colhasset Ln.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   1   0   3   0   9</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Valerie C. Baker</b>			Registration Number, if PAC	
Street Address <b>2303 Yorkshire Rd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   1   0   3   0   9</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43332</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Dorothy L. Himes</b>			Registration Number, if PAC	
Street Address <b>2749 Eastcleft Dr.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   1   0   4   0   9</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Sandra L. Hateley</b>			Registration Number, if PAC	
Street Address <b>5797 Lookout Blvd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   1   0   4   0   9</b>	Amount <b>35.00</b>
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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