31-E
R.C. 3517.10(B)

Event Date 5/7/10
Page 1 of 4

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			Registration Number, if PAC				
Colleen M. O'Donnell							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3400 Delmar Dr			03	24	10	35.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Rocky River	OH	44116-3748	Check				
Full Name of Contributor			Registration Number, if PAC				
Brock A. Miskimen							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
24 Belmont Ave.			04	22	10	70.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Mount Vernon	OH	43050	Check				
Full Name of Contributor			Registration Number, if PAC				
Tanya R. Rutner							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
157 Frankfort Sq.			04	26	10	35.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43206-1024	Check				
Full Name of Contributor			Registration Number, if PAC				
Michael T. Lenzo							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
601 Mohawk St.			05	04	10	35.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43206	Check				
Full Name of Contributor			Registration Number, if PAC				
Kevin W. Servick							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
480 Whitson Dr.			05	07	10	35.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Gahanna	OH	43230-3282	Check				
Full Name of Contributor			Registration Number, if PAC				
Richard Scott Blake							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
476 King Ave.			05	07	10	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43201-2632	Check				
Full Name of Contributor			Registration Number, if PAC				
Nathan T. Slonaker							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2735 Millrace Dr.			05	07	10	35.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43207-4621	Check				

* 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: 1,540.00

Total expenditures this event: 264.66

Page Total $ 295.00