

Event Date	11/12/09
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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 Deborah P. Walter				Registration Number, if PAC	
Street Address 3040 Lane Woods Ct	Employer/Occupation/Labor Organization*		M 1	D 12	Y 09
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Elaine T. Fronk				Registration Number, if PAC	
Street Address 5342 Reston Park Dr	Employer/Occupation/Labor Organization*		M 1	D 12	Y 09
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Anne L. Smead				Registration Number, if PAC	
Street Address 2530 Sherwyn Rd	Employer/Occupation/Labor Organization*		M 1	D 16	Y 09
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Jane K. Stone				Registration Number, if PAC	
Street Address 2240 W. Lane Ave.	Employer/Occupation/Labor Organization*		M 1	D 17	Y 09
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Carolyn V. Copeland-Trustee				Registration Number, if PAC	
Street Address 2517 Brixton Rd.	Employer/Occupation/Labor Organization*		M 1	D 03	Y 09
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Alice Larrimer				Registration Number, if PAC	
Street Address 2030 Alladin Woods Ct	Employer/Occupation/Labor Organization*		M 1	D 29	Y 09
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount 0.00

* 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
2,615.00

Total expenditures this event
255.97

Page Total \$ 240.00