

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 Jo Ann Vance Scanlon				Registration Number, if PAC			
Street Address 2235 Abington Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	35.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor Barbara McAdam Muller				Registration Number, if PAC			
Street Address 4171 Clairmont Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	35.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) Check		
Full Name of Contributor Gallery Art Center				Registration Number, if PAC			
Street Address 4737 Reed Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1	50.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) Check		
Full Name of Contributor Jodi Patton				Registration Number, if PAC			
Street Address 4766 Riverside Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	35.00
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) Check		
Full Name of Contributor Kathe L. Mueller				Registration Number, if PAC			
Street Address 2523 Onandaga Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	70.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor Ann L. Royer				Registration Number, if PAC			
Street Address 2007 Collingswood Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor N. Christine Rafeld				Registration Number, if PAC			
Street Address 3504 Colchester Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	35.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) 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

Total expenditures this event

Page Total \$ 310.00