31-E
R.C. 3517.10(B)

Event Date 5/7/10
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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			Registration Number, if PAC		
Daryl Paul Hennessy					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
2965 Palmetto St.			05 07 10	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43204	Check		
Full Name of Contributor			Registration Number, if PAC		
Daniel J. Tierney					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
839 Gladden Rd.			05 07 10	70.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Grandview Hts.	OH	43212	Check		
Full Name of Contributor			Registration Number, if PAC		
Greg Lawson					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
1508 Meadow Rd			05 07 10	35.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43212	Check		
Full Name of Contributor			Registration Number, if PAC		
Mathhew B. Charnas					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
3556 Prestwick Ct.			05 07 10	70.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Upper Arlington	OH	43220	Check		
Full Name of Contributor			Registration Number, if PAC		
Andrew Bowers					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
953 Neil Ave.			05 07 10	35.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43201-3434	Check		
Full Name of Contributor			Registration Number, if PAC		
Scott Schweitzer					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
5283 Port Haven Dr.			04 23 10	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Galena	OH	43021-8906	Check		
Full Name of Contributor			Registration Number, if PAC		
Alex Hastie					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
1441 King Ave., Suite 101			05 07 10	75.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Mount Vernon	OH	43050	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 $ 385.00