## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		!					
Name of Committee in Full		:					
Citizens for Yassenoff	<u></u> _	<u> </u>					
Full Name of Contributor			Registrati	Registration Number, if PAC			
Marilee Mueller			<u> </u>				
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)
4683 Stonehaven Drive	Retired					Check	
City	State	Zip Códe	М	D		Amount	
Upper Arlington	OLH	43220	0 6	2 6	1 1		200.00
Full Name of Contributor		1	Registrati			C	
Jake Will		•					
Street Address	Employer/Occupat	<u> </u>		Ī	Form (Cash, Che	ck, etc.)	
2614 Edington Road	Self Empl	Self Employed				Check	
City					Υ	Amount	
Upper Arlington	ОІН	43221	016	2 6	111	1	150.00
Full Name of Contributor				ion Numb	er, if PA	С	
Patty Hurst			Į.				
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2220 Hadleigh Road	1 ' '	Homemaker				Check	
City				M D Y			
	ОН	43220	016	217	1   1		25.00
Upper Arlington Full Name of Contributor		10220		ion Numb	er, if PA	С	
		i					
Jason Rafeld	Employer/Occupat	ion/Labor Organization*	· L			Form (Cash, Che	ck, etc.)
Street Address	I	,					
3877 Rushmore Drive	Bureau of Workers' Comp		M D Y		Check Amount		
City		43220	0 6	219	111	- ·	50.00
Upper Arlington	O _ H	43220		ion Numb		C	00.00
Full Name of Contributor		i	.cgisuat	TARRECT	11 1 5 1	-	
Cynthia Wanamaker	r	tion/Labor Organization*			-	Form (Cash, Che	eck, etc.)
Street Address					Check	, ••••,	
6103 Karrer Place		Homemaker		D	Y	Amount	<del>-</del>
City	State	Zip Code	M			, macan	50.00
Dublin	OH	43017		2 9	11	<u> </u>	20.00
Full Name of Contributor		į	Kegistra	HOR NUM	uci, ii PA		
Peggy Kaplan		· · · · · · · · · · · · · · · · · · ·				Form (Conh. Ch.	ack ate )
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1403 Noe-Bixby Road	Retired	!	1	T 7-	Ιv	Check	
City	State	Zip Code	M	D	Y	Amount	ሳሮ ሰሳ
Columbus	O   H	43232	0 6	3 0	111	<u></u>	25.00
Full Name of Contributor	<u>-</u>		Registra	tion Num	ber, if PA	AC .	
Sharon Whaley						<u> </u>	<del></del>
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
1831 Roxbury Road	Retired	I				Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	O   <u>H</u>	43212		0 6			25.00
Full Name of Contributor			Registra	ition Num	ber, if P/	AC	
Mark Johnson							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1903 Brandywine Drive	Best Effe	Best Effort			Check		
City	State	Zip Code	М	D	Ŷ	Amount	
Upper Arlington	ОН	43220	0 7	018	111		250.00
Opper minigion		1. 10	alaund the			name of the	

• 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)]

Page Total \$	775.00
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