

Event Date	11/12/09
Page	4 of 9

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 Judith J. Yoder Trust				Registration Number, if PAC	
Street Address 5745 Newbank Cr. 401	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State O	Zip Code 43017	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Sallie E. Davis				Registration Number, if PAC	
Street Address 1800 Riverside Dr., Apt. 3413	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43212	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Lucinda M. Vogtsberger				Registration Number, if PAC	
Street Address 3060 Lane Woods Ct.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43221	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Judith P. Kirby				Registration Number, if PAC	
Street Address 3820 Overdale Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43220	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jean M. Bauer				Registration Number, if PAC	
Street Address 2288 Brixton Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43221	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Elaine S. Buck				Registration Number, if PAC	
Street Address 4146 Clairmont Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43220	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Anne H. Dick				Registration Number, if PAC	
Street Address 5060 Riverside Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43220	Amount 35.00	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 \$ **245.00**