- Marie Marie Anna Anna Anna Anna Anna Anna Anna Ann

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Yassenoff for Upper Arlingto	on City Council							
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Karen Yasenoff			M	T	T 17	171. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Street Address		Description of Item or Service		D	Y	Fair Market Value	3.00	
5090 Squirrel Bend		Ground Shipping		2 8	0 9	L	3.88	
City	State	Zip Code		d at Fundi	aising Ev	(
Upper Arlington	\cap H	43220		YES		NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Υ ()	Fair Market Value	0.00	
City	State	Zip Code		d at Fund	raising Ev	vent?		
		T. 1	and the second second second second					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value	0.00	
City	State	Zip Code	Receive	d at Fund	raising E			
				YES	***************************************	NO	waxaaaaaaaa	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code		d at Fund YES		NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	ed at Fund YES	lraising E	vent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * Registration			on Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	ed at Fund YES	Iraising E	event?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	State Zip Code		Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receiv	ed at Fun YES	draising I	Event?		

Page Total \$	193.88
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^{*} 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)]