

## 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 Sandy Henning				Registration Number, if PAC	
Street Address 1345 La Rochelle Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Cynthia Johnson Chester				Registration Number, if PAC	
Street Address 4906 Riverside Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Chad M. Hawley				Registration Number, if PAC	
Street Address 1653 Merganser Run Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 6
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Susan Dietrich Vasko				Registration Number, if PAC	
Street Address 2255 Onandaga Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Marilee F. Mueller				Registration Number, if PAC	
Street Address 4683 Stonehaven Dr.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Nancy Rinker				Registration Number, if PAC	
Street Address 5095 Squirrel Bend	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Maria Morrone				Registration Number, if PAC	
Street Address 8120 Olentangy River Rd.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 1
City Delaware	State OH	Zip Code 43015	Form(Cash,Check,etc) Check		Amount 35.00

\* 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

0.00

Total expenditures this event

0.00

Page Total \$ 325.00