Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full
Citizens for Yassenoff

To Whom Paid	M	D	Y	Amount
Erik Yassenoff	1 2	3 1	0 9	123.97

Address	Purpose
1990 Hampshire Road	Copies of Flyers for Events

City	State	Zip Code	Check Number
Upper Arlington	O H	43221	121

To Whom Paid	M	D	Y	Amount
Erik Yassenoff	1 2	3 1	0 9	132.00

Address	Purpose
1990 Hampshire Road	Postage

City	State	Zip Code	Check Number
Upper Arlington	O H	43221	

To Whom Paid	M	D	Y	Amount

Address	Purpose

City	State	Zip Code	Check Number

To Whom Paid	M	D	Y	Amount

Address	Purpose

City	State	Zip Code	Check Number

To Whom Paid	M	D	Y	Amount

Address	Purpose

City	State	Zip Code	Check Number

To Whom Paid	M	D	Y	Amount

Address	Purpose

City	State	Zip Code	Check Number

To Whom Paid	M	D	Y	Amount

Address	Purpose

City	State	Zip Code	Check Number

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total $	255.97