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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Citizens for Yassenoff			
Full Name of Contributor		Registration Number, if PA	c
Wells Fargo Advisors, LLC			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
One North Jefferson	Financial Advisors		Check
City	State Zip Code	M D Y	Amount
St. Louis	M O 63103	0 7 0 8 1 1	100.00
Full Name of Contributor		Registration Number, if PA	С
Deborah Pryce			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2920 South Dorchester Road	Whiteboard, LLC		Check
City	State Zip Code	M D Y	Amount
	O H 43221	0 7 1 2 1 1	250.00
Upper Arlington	0 12 45221	Registration Number, if PA	
Full Name of Contributor		,	
Debbie Walter	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
Street Address			Check
3040 Lane Woods Court	Retired	M D Y	Amount
City	State Zip Code	_ '''	50.00
Columbus	O H 43221	0 7 3 0 1 1 Registration Number, if PA	
Full Name of Contributor		Registration Number, If PA	AC .
Michael Carlton			Tr (Cost Charle etc.)
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1379 Windham Road	The Brunner Law Firm		Check
City	State Zip Code	M D Y	Amount
Upper Arlington	O H 43220	0 8 0 1 1 1	100.00
Full Name of Contributor	1	Registration Number, if Pa	AC
James Mermis			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
4558 Crompton Drive	Junto Company		Check
City 4338 CTOTTPION DITVE	State Zip Code	M D Y	Amount
· ·	O H 43220	0 8 0 9 1 1	250.00
Upper Arlington Full Name of Contributor	0 10 10	Registration Number, if P.	AC
Daryl Hennessy	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Hennessy Landscaping		Check
2965 Palmetto Street	State Zip Code	M D Y	Amount
City		0 8 1 4 1 1	100.00
Columbus	O H 43204	Registration Number, if P	AC.
Full Name of Contributor	l	Acgistration (varioes, 11)	,,,,
Bill Lingo			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		Check
2733 Mt. Holyoke Road	Midland Insurance		
City	State Zip Code	M D Y	Amount 50.00
Upper Arlington	O H 43221	0 8 1 5 1	
Full Name of Contributor		Registration Number, if I	AC
Ed Overmeyer			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2480 Stonehaven Place	Best Effort		Check
City	State Zip Code	M D Y	Amount
Upper Arlington	O H 43220	0 8 1 5 1	
Opper Armigion		1 1 1 1	a 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 \$	1,000.00