| Page 11 |
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| . u.bv |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | j |
|---------------------------|---|--|---|-------------------|---|-----------------|---------------------------------------|
| Citizens for Yassenoff | | | Registratio | ın Numbe | r if DAC | | |
| Full Name of Contributor | | | registratio | 1.4MHOC | a, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | • | |
| Mike Joyce | le 1 % | -A shar Oromaiantiant | | | | Form (Cash, Che | ck_etc.) |
| Street Address | Employer/Occupation/Labor Organization* | | | | | • | |
| 2561 Chester Road | Best Effort | | MDY | | | Check Amount | |
| City | | p Code | M | | | ланоши | 50.00 |
| Upper Arlington | O H 43221 | | 0 8 2 0 1 1 Registration Number, if PA | | | | |
| Full Name of Contributor | | ì | Registrati | on manno | a, 11 f/X | _ | ĺ |
| Anne Sheline | - 10 10 | | | | Form (Cash, Che | ck etc) | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Check | |
| 2383 Dorset Road | Retired | | M D Y | | | Amount | |
| City | 1 1 | ip Code | M | | 1 1 | , MICHAN | 50.00 |
| Upper Arlington | OH | 43221 | 0 8 Registrati | | | <u> </u> | 50.00 |
| Full Name of Contributor | | | Registrati | on tamin | u, n ra | _ | |
| Julie Yassenoff | In () | - | | | | Form (Cash, Che | eck etc.) |
| Street Address | k * * . | n/Labor Organization* | | | | Check | |
| 5090 Squirrel Bend | Student | 1 | Тм | D | Y | Amount | |
| City | 1 | ip Code | | 2 1 | 1 1 | Anioun | 250.00 |
| Upper Arlington | OH | 43220 | 0 8 | on Numb | 1 1 | | 250.00 |
| Full Name of Contributor | | | Registrat | ion ismin | CI, 11 1 21 | C | |
| Solly Yassenoff | | * i - 0 - 1 - 1 - 1 | | | | Form (Cash, Che | eck etc) |
| Street Address | Employer/Occupation | | | | Form (Cash, Check, etc.) | | |
| 5090 Squirrel Bend | Rainbow Development | | M D Y | | Y | Check Amount | · · · · · · · · · · · · · · · · · · · |
| City | | ip Code | | 2 1 | 1 1 | , anoma | 250.00 |
| Upper Arlington | O H | 43220 | 0 8 | ∠ ⊥ ion Numb | 1 1 4 | <u></u> | 250.00 |
| Full Name of Contributor | | • | regisuai | rom ratifit | ~, 11 i A | | |
| Karen Yassenoff | le 1 (2 | Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) | | | | | |
| Street Address | 1 ' ' | | | | Check | ery comey | |
| 5090 Squirrel Bend | Homemal | | Гм | D | Y | Amount | - |
| City | 1 | Lip Code 42220 | 0 8 | 2 1 | 1 1 | | 250.00 |
| Upper Arlington | OH | 43220 | | ion Num | J 1 | AC | 200.00 |
| Full Name of Contributor | | • | ксызна | TON TARRE | ~•, 11 f | | |
| Barbara Lach | le 1 10 11 | +u/l abor Organization* | <u> </u> | | | Form (Cash, Ch | neck etc.) |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Check | |
| 3910 Lyon Drive | Retired | | м | D | Y | Amount | <u>.</u> |
| City | | Zip Code | | 213 | | T . | 50.00 |
| Upper Arlington | OH | 43220 | Panietro | tion Num | her. if Pa | AC . | 50.00 |
| Full Name of Contributor | | | r cgisua | eron italii | , It i i | | |
| Stephen Wilson | <u> </u> | and abor Operations | | | | Form (Cash, Cl | heck, etc.) |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Check | |
| 707 North Union Avenue | Ohio House of Reps. State Zip Code | | Тм | T D | ΙΥ | Amount | |
| City | | | | 213 | 111 | | 35.00 |
| Salem | OH | 44460 | | tion Num | | | 00.00 |
| Full Name of Contributor | | • | I Cograma | | , | | |
| Mike Toomey | E1 | ion/Labor Organization* | | | _ | Form (Cash, C | heck, etc.) |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Check | . , |
| 2462 Sherwood Villa | Self Employed State Zip Code M D Y | | | ΙΥ | Amount | | |
| City | | | 0 8 | 1 . | 1111 | | 75.00 |
| Upper Arlington | | 43221 | | | 1 4 1 4 | | , 5.00 |

* 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)]

| Page Total \$ | 1,010.00 |
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