

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 Marilyn Kurtz Parker				Registration Number, if PAC	
Street Address 2675 Andover Road	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43221	1	1	2
			0	9	Amount 35.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Susan B. Schraff					
Street Address 1840 Waltham Rd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43221	1	1	2
			0	9	35.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Loretta E. Heigle					
Street Address 2376 Southway Dr.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43221	1	1	2
			0	9	35.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Marlene Y. Berwanger					
Street Address 1600 Sunridge Dr.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43221	1	1	2
			0	9	35.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Jessica L. Rafeld					
Street Address 2369 Cranford Rd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43221	1	1	2
			0	9	40.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Margine A. Moul					
Street Address 2512 Danvers Ct.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43220	1	1	2
			0	9	40.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Sally Fronk Robinson					
Street Address 2404 Kensington Drive				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43221	1	1	2
			0	9	50.00
Form(Cash,Check,etc) Check					

* 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 \$ 270.00