

Event Date	5/7/10
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Yassenoff for Upper Arlington City Council					
Full Name of Contributor Ryan R. Augsburger				Registration Number, if PAC	
Street Address 1960 W. Fifth Avenue	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0810
City Columbus	State O H	Zip Code 43211	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Kevin P Bingle				Registration Number, if PAC	
Street Address 408 E. Schreyer Pl	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0810
City Columbus	State O H	Zip Code 43214-2214	Form (Cash, Check, etc) Check		Amount 35.00
Full Name of Contributor Benjamin J Kaiser				Registration Number, if PAC	
Street Address 666 Mohawk St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2710
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Angela D. White				Registration Number, if PAC	
Street Address 1572 Worthington Park Blvd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0610
City Westerville	State O H	Zip Code 43081-5409	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Ryan K. Frazee				Registration Number, if PAC	
Street Address 1755 Conners Point Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1210
City Columbus	State O H	Zip Code 43220	Form (Cash, Check, etc) Check		Amount 35.00
Full Name of Contributor Michael R. Dittoe				Registration Number, if PAC	
Street Address 5753B Heathstead Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1510
City Dublin	State O H	Zip Code 43016-5226	Form (Cash, Check, etc) Check		Amount 35.00
Full Name of Contributor Matthew Parker				Registration Number, if PAC	
Street Address 2675 Andover Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0710
City Upper Arlington	State O H	Zip Code 43221	Form (Cash, Check, etc) Cash		Amount 80.00

* 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

Total expenditures this event

Page Total \$ **385.00**