31-A
R.C. 3517.10

Page 4

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 PAC**	
Pat Ross								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2515 Tremont	Retired						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Upper Arlington	OH	43221	06	06	11			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Mike Dittoe								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5725 Pleasure Hill Drive	Ohio House of Reps.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Hilliard	OH	43026	06	07	11			35.00
Full Name of Contributor							**Registration Number, if PAC**	
Anna Miskimen								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
24 Belmont Avenue	Roll Royce						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Mount Vernon	OH	43050	06	07	11			70.00
Full Name of Contributor							**Registration Number, if PAC**	
Floradelle Pfahl								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1427-C Roxbury Road	Retired						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Marble Cliff	OH	43212	06	07	11			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Wilies, Boyle, Burkholder, Bringardner Co., LPA							CP 1058	
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
300 Spruce Street, Floor One							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43215	06	07	11			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Joe Caruso								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
3039 Derby Road	Retired						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Upper Arlington	OH	43221	06	08	11			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Gavin Larrimer								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2030 Aladdin Woods Court	Retired						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Marble Cliff	OH	43212	06	08	11			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Carolyn Copeland								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2517 Brixton Road	Retired						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Upper Arlington	OH	43221	06	09	11			25.00

* 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 $ 480.00