

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Yassenoff							
Full Name of Contributor Scott Blake				Registration Number, if PAC			
Street Address 476 King Avenue		Employer/Occupation/Labor Organization* Credo Company			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 6	Y 0	Amount 35.00	
Full Name of Contributor Tanya Rutner				Registration Number, if PAC			
Street Address 106 North High Street, #705		Employer/Occupation/Labor Organization* Raising Green			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 6	Y 0	Amount 35.00	
Full Name of Contributor Michele Tierney				Registration Number, if PAC			
Street Address 839 Gladden Road		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 6	Y 0	Amount 70.00	
Full Name of Contributor Trevor Vessles				Registration Number, if PAC			
Street Address 1308 Broadview Avenue		Employer/Occupation/Labor Organization* TJVStrategies			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 6	Y 0	Amount 35.00	
Full Name of Contributor Nicholas Wahoff				Registration Number, if PAC			
Street Address 3875 Lakedale		Employer/Occupation/Labor Organization* Best Effort			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43026	M 0	D 6	Y 0	Amount 35.00	
Full Name of Contributor Brittney Colvin				Registration Number, if PAC			
Street Address 801 South Front Street		Employer/Occupation/Labor Organization* Ohio Department of Taxation			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 6	Y 0	Amount 35.00	
Full Name of Contributor Ed Hastie				Registration Number, if PAC			
Street Address 1441 King Avenue, Suite 101		Employer/Occupation/Labor Organization* The Hastie Law Firm			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 6	Y 0	Amount 35.00	
Full Name of Contributor Dan Kaman				Registration Number, if PAC			
Street Address 5323 McCartney Road		Employer/Occupation/Labor Organization* Ohio Department of Taxation			Form (Cash, Check, etc.) Check		
City Sandusky	State O H	Zip Code 44870	M 0	D 6	Y 0	Amount 35.00	

* 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)]