Page	5

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		· · · · · · · · · · · · · · · · · · ·					-	
Name of Committee in Full		1						
Citizens for Yassenoff		·	1.		10	-		
Full Name of Contributor		;	Registrati	on Numbe	r, if PAC	j		
Virgina Pickens		<u> </u>						
Street Address	1 .	pation/Labor Organization*			Ţ	Form (Cash, Che	eck, etc.)	
1250 Fountaine Drive	Retired					Check		
City	State	Zip Code	М	D	Υ	Amount		
Upper Arlington	OH	43221		0 9	1 1		25.00	
Full Name of Contributor			Registrati	ion Numbe	r, if PAC	C		
Nathan Slonaker								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che Check	eck, etc.)	
2735 Millrace Drive	Ohio H	Ohio House of Reps.						
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43207	016	0 9	1 1		35.00	
Full Name of Contributor				ion Numb	er, if PAC	С		
Mark Catalano								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
1732 Essex Road	Self Em	Self Employed			Ì	Check		
City	State	Zip Code	М	D	Y	Amount		
Upper Arlington	ОІН	43221	016	1 0	1 1		100.00	
Full Name of Contributor	<u> </u>			ion Numb		С		
David Evans			1					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
4323 Stratton Road	Retired				Check			
City	State	Zip Code	M	D	Y	Amount		
Upper Arlington	OH	[' !	0 6	110	1 1 1		100.00	
Full Name of Contributor		.1		ion Numb	er, if PA	С		
Bill Smead								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
2530 Sherwin Road	Retired							
City City	State	Zip Code	М	D	Y	Check Amount		
, ·	O H		016	1 0	1 1		250.00	
Upper Arlington Full Name of Contributor	101	1/44		ion Numb	_ , _	С		
Robin Comfort								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
		Homemaker				Check		
2275 Onandaga Drive	State	Zip Code	М	D	Y	Amount		
	OTH			1 1			50.00	
Upper Arlington Full Name of Contributor	10	TU-L-1	Registrat	tion Numb	er, if PA	C		
1					,			
Chuck Warner Street Address	Employed Oce	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	Retired	1				Check		
3785 Waldo Place	State	Zip Code	М	D	Y	Amount		
City	OH		016	l . 1	1 1 1		75.00	
Upper Arlington Full Name of Contributor	1011	30220		tion Numb		C.		
In Name of Controllor								
Colleen Duffey Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	neck, etc.)	
		Homemaker			Check			
2431 Onandaga Drive	State	Zip Code	М	D	Υ	Amount		
City	O H				1 1	1	250.00	
Upper Arlington		40441	1010	11[4	TiT	<u> </u>		

* 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 \$ 885.00