

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 Nathan B. Coe			Registration Number, if PAC		
Street Address 540 Northview Dr.	Employer/Occupation/Labor Organization*		M	D	Y
City Bexley	State O	Zip Code 43209-1052	5	0	7
			1	0	Amount 35.00
			Form (Cash, Check, etc) Check		
Full Name of Contributor Nicholas Wahoff			Registration Number, if PAC		
Street Address 3875 Lakedale Dr.	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43026	5	0	7
			1	0	Amount 70.00
			Form (Cash, Check, etc) Check		
Full Name of Contributor Matthew Ferris			Registration Number, if PAC		
Street Address 324 E. Sycamore St.	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43206	5	0	7
			1	0	Amount 100.00
			Form (Cash, Check, etc) Check		
Full Name of Contributor Jennifer N. Seidel			Registration Number, if PAC		
Street Address 1774 Colhasset Lane	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43220-2531	5	0	7
			1	0	Amount 50.00
			Form (Cash, Check, etc) Check		
Full Name of Contributor Frank A. Lazar			Registration Number, if PAC		
Street Address 221 N. Front St. Apt. 601	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43215	5	0	7
			1	0	Amount 70.00
			Form (Cash, Check, etc) Check		
Full Name of Contributor Nathan E. Miner			Registration Number, if PAC		
Street Address 2648 Bristol Rd.	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43221	5	0	7
			1	0	Amount 100.00
			Form (Cash, Check, etc) Check		
Full Name of Contributor Michael P. Duffey			Registration Number, if PAC		
Street Address 645 Farrington Dr.	Employer/Occupation/Labor Organization*		M	D	Y
City Worthington	State O	Zip Code 43085	5	0	7
			1	0	Amount 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

Total expenditures this event

Page Total \$ 475.00