

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Yassenoff							
Full Name of Contributor Michael and Marilyn Knilans					Registration Number, if PAC		
Street Address 4400 Castleton Road West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 7	D 0 8	Y 0 9	Amount 100.00	
Full Name of Contributor Citizens for Kevin Bacon					Registration Number, if PAC		
Street Address 5325 Ponderosa Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43231-4033	M 0 7	D 0 9	Y 0 9	Amount 100.00	
Full Name of Contributor Chad M. Hawley					Registration Number, if PAC		
Street Address 796 Lakeshore Dr. E.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43025-9717	M 0 7	D 1 7	Y 0 9	Amount 50.00	
Full Name of Contributor Ed Overmyer					Registration Number, if PAC		
Street Address 2480 Stonehaven Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 7	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Christine and John Olsen					Registration Number, if PAC		
Street Address 4645 Stonehaven Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 8	D 1 5	Y 0 9	Amount 50.00	
Full Name of Contributor Contributions from Form Number 31-e					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 1 1	D 1 2	Y 0 9	Amount 2,615.00	
Full Name of Contributor Roland D Killian					Registration Number, if PAC		
Street Address 5090 Squirrel Bend		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 2	D 1 0	Y 0 9	Amount 50.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 0.00	

* 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 \$ **3,065.00**