Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for Yassenoff									
CITIZETIS FOR TASSETION Full Name of Contributor					Registration Number, if PAC				
						,			
Michael and Marilyn Knilans Street Address	Employe	/Оссира	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
street Address 4400 Castleton Road West	Linployer	Employer Occupation Education Organization						Check	
City	Sta	ite	Zip Code	M	D	Y	Amount		
Columbus		Н	43220	0 7	0 8			100.00	
Full Name of Contributor			2. V have been V		tion Num		.C	200.00	
Citizens for Kevin Bacon									
Street Address	Employe	/Occupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
5325 Ponderosa Dr				о удоло су у довод ВАДСКО В Соверско ВАДСТ В Соверско ССС Доборов ВАДСТ В СОВЕРСКО В ВАДСТ В ВАДСТ В ВАДСТ В В У применения в приме			Check		
City	Sta	ite	Zip Code	M	D	Y	Amount		
Columbus		Н	43231-4033	0 7	0 9			100.00	
Full Name of Contributor					tion Num		ıC		
Chad M. Hawley									
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
796 Lakeshore Dr. E.	1		-				Check	-	
City	Sta	ate	Zip Code	M	D	Y	Amount	***************************************	
Columbus	0	H	43025-9717	0 7	1 7	0 9		50.00	
Full Name of Contributor					tion Num		\C		
Ed Overmyer									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	ieck, etc.)	
2480 Stonehaven Pl				Check					
City	Sta	ate	Zip Code	M	D	Y	Amount		
Columbus	0	H	43220	0 7	2 7	0 9		100.00	
Full Name of Contributor	-			para di manana di ma	tion Num	policio compresso de la compre			
Christine and John Olsen									
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Cl	neck, etc.)	
4645 Stonehaven Place									
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43220	0 8	1 5	0 9		50.00	
Full Name of Contributor		Registration Number, if PA							
Contributions from Form Number 31-e									
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Cl	neck, etc.)	
RECOMMENDED									
City	St	ate	Zip Code	M	D	Y	Amount		
					1 2			2,615.00	
Full Name of Contributor	Registration Number, if PA								
Roland D Killian									
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Cl Check	heck, etc.)	
5090 Squirrel Bend									
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43220	1 2				50.00	
Full Name of Contributor Registration Number, if PA							AC		
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, C	heck, etc.)	
Direct Man 600								•	
City	St	ate	Zip Code	М	D	Y	Amount		
								0.00	
		cionacement entre entre entre		CONTRACTOR OF THE PARTY OF THE	SALDARIMAN MARIA COMMIN				

Page Total \$ 3,065.00

^{*} 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)]