

## 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 Marianne Matthews			Registration Number, if PAC	
Street Address 2299 Abington Road	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   8   0   9	Amount 25.00
City Columbus	State O   H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Marcia K. Seidel			Registration Number, if PAC	
Street Address 4660 Stonehaven Dr.	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   8   0   9	Amount 35.00
City Columbus	State O   H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda P. Harvey			Registration Number, if PAC	
Street Address 2594 Sandover Road	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   8   0   9	Amount 50.00
City Columbus	State O   H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Suzanne M. Widing			Registration Number, if PAC	
Street Address 1251 Kenbrook Hills Dr.	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   8   0   9	Amount 35.00
City Columbus	State O   H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Nancy E. Evans			Registration Number, if PAC	
Street Address 4323 Stratton Rd.	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   9   0   9	Amount 35.00
City Columbus	State O   H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen L. Catalano			Registration Number, if PAC	
Street Address 2012 Arlington Ave.	Employer/Occupation/Labor Organization*		M   D   Y 1   0   2   0   0   9	Amount 35.00
City Columbus	State O   H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Nancy P. Pickett			Registration Number, if PAC	
Street Address 5745 Newbank Cir. Ste. 106	Employer/Occupation/Labor Organization*		M   D   Y 1   0   2   0   0   9	Amount 50.00
City Dubln	State O   H	Zip Code 43017	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 \$ 265.00