

31-E  
R.C. 3517.10(B)

Event Date 10/1/09  
Page 3

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Priscilla Tyson					
Full Name of Contributor Gailmarie Harris				Registration Number, if PAC	
Street Address 1620 East Broad Street, Suite 1608	Employer/Occupation/Labor Organization* COWIC		M 1	D 0	Y 10/1/09
City Columbus	State OH	Zip Code 43203	Form(Cash,Check,etc) Money Order		Amount 75.00
Full Name of Contributor Tracy Maxwell Heard				Registration Number, if PAC	
Street Address 2603 Burnaby Drive	Employer/Occupation/Labor Organization* Friends of Heard		M 1	D 0	Y 10/1/09
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Betty L. Howton				Registration Number, if PAC	
Street Address 1502 Millerdale Road	Employer/Occupation/Labor Organization* Protocol School of Cols		M 1	D 0	Y 10/1/09
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Kelli Arthur Hykes				Registration Number, if PAC	
Street Address 2661 Willow Glen Road	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 10/1/09
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Donna James				Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 1040	Employer/Occupation/Labor Organization* Lardon & Associates		M 1	D 0	Y 10/1/09
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 300.00
Full Name of Contributor Gloria P. Jefferson				Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 1825	Employer/Occupation/Labor Organization* Unemployed		M 1	D 0	Y 10/1/09
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Gregory Jefferson				Registration Number, if PAC	
Street Address 5194 Horshoe Falls Drive	Employer/Occupation/Labor Organization* President/ CEO		M 1	D 0	Y 10/1/09
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Cash		Amount 100.00

\* 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)]

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 \$ 875.00