

Event Date	10/1/09
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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 Vickey S. Jefferson			Registration Number, if PAC	
Street Address 5977 Hilltop Trail Drive	Employer/Occupation/Labor Organization* JPMorganChase		M D Y 0 9 2 8 0 9	Amount 50.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Dorothy Jones			Registration Number, if PAC	
Street Address 7099 Addington Road	Employer/Occupation/Labor Organization* Podiatrist		M D Y 0 9 2 9 0 9	Amount 75.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Ako Kambon			Registration Number, if PAC	
Street Address 63 North Ohio Avenue	Employer/Occupation/Labor Organization* Visionary Leadership Inst		M D Y 1 0 0 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43203	Form(Cash,Check,etc) Check	
Full Name of Contributor Hanifah Kambon			Registration Number, if PAC	
Street Address 63 North Ohio Avenue	Employer/Occupation/Labor Organization* KAMBONEDU		M D Y 1 0 0 3 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43203	Form(Cash,Check,etc) Check	
Full Name of Contributor Amy Klaben			Registration Number, if PAC	
Street Address 238 North Cassady Avenue	Employer/Occupation/Labor Organization* Cols Housing Partnership		M D Y 1 0 0 1 0 9	Amount 75.00
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Gloria C. Letts			Registration Number, if PAC	
Street Address 6120 Nicholas Glen	Employer/Occupation/Labor Organization* Retired		M D Y 0 9 0 9 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Kimberly J. Maggard			Registration Number, if PAC	
Street Address 600 Link Road	Employer/Occupation/Labor Organization* City of Whitehall		M D Y 0 9 2 9 0 9	Amount 50.00
City Whitehall	State O H	Zip Code 43213	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 \$ 425.00