

31-E
R.C. 3517.10(B)

Event Date	7/27/10
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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 Amy Debra Klaben			Registration Number, if PAC	
Street Address 238 North Cassady Avenue	Employer/Occupation/Labor Organization* Cols Housing Partnership		M D Y 0 7 2 7 1 0	Amount 100.00
City Bexley	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Florence L. Lathen-Harris			Registration Number, if PAC	
Street Address 79 Park Front Court	Employer/Occupation/Labor Organization* Nationwide Financial		M D Y 0 7 2 8 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Wayne P. Lawson			Registration Number, if PAC	
Street Address 272 East Sycamore Street	Employer/Occupation/Labor Organization* The Ohio State University		M D Y 0 7 2 3 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43206	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 7 1 9 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43213	Form (Cash, Check, etc) Check	
Full Name of Contributor Nancy E. Lindimore			Registration Number, if PAC	
Street Address 8256 Snead Way	Employer/Occupation/Labor Organization* United Healthcare		M D Y 0 7 2 7 1 0	Amount 1,000.00
City Westerville	State O H	Zip Code 43082	Form (Cash, Check, etc) Check	
Full Name of Contributor Yung-Chen Lu			Registration Number, if PAC	
Street Address 1881 Brandywine Drive	Employer/Occupation/Labor Organization* The Ohio State University		M D Y 0 7 2 7 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form (Cash, Check, etc) Check	
Full Name of Contributor Jane L. McFarland			Registration Number, if PAC	
Street Address 1809 North Cassady Avenue	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 1 5 1 0	Amount 25.00
City Columbus	State O H	Zip Code 43219	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

16,835.00

Total expenditures this event

3,017.15

Page Total \$ 1,525.00