

31-E
R.C. 3517.10(B)

Event Date 7/1/09
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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 Katherine S. LeVeque				Registration Number, if PAC	
Street Address 50 West Broad Street, Suite 4000	Employer/Occupation/Labor Organization* Retired		M 0 6	D 2 3	Y 0 9
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Dr. Yung-Chen Lu				Registration Number, if PAC	
Street Address 1881 Brandywine Drive	Employer/Occupation/Labor Organization* The Ohio State University		M 0 6	D 1 2	Y 0 9
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Carol McGuire				Registration Number, if PAC	
Street Address 293 Hopewell Drive	Employer/Occupation/Labor Organization* President, CAM Assoc's		M 0 6	D 3 0	Y 0 9
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ty Marsh				Registration Number, if PAC	
Street Address 57 Riverview Park Drive	Employer/Occupation/Labor Organization* Cols Chamber of Cmnrce		M 0 6	D 2 1	Y 0 9
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor L. Jeanne Mativi				Registration Number, if PAC	
Street Address 4815 Oldbridge Drive	Employer/Occupation/Labor Organization* CEO, Solutions Staffing		M 0 7	D 0 1	Y 0 9
City Upper Arlington	State O H	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Mark Morrow				Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 2300	Employer/Occupation/Labor Organization* Retired		M 0 7	D 0 1	Y 0 9
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor John Farms				Registration Number, if PAC	
Street Address 6910 Cunningham Drive	Employer/Occupation/Labor Organization* Accountant		M 0 7	D 0 1	Y 0 9
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check		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 \$ 1,000.00