

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 Steven Anderson			Registration Number, if PAC	
Street Address 1164 Westwood Avenue	Employer/Occupation/Labor Organization* Phoenix Theatre Circle		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor David Barker			Registration Number, if PAC	
Street Address 88 Bishop Square	Employer/Occupation/Labor Organization* Experience Columbus		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Milton Baughman			Registration Number, if PAC	
Street Address 269 Ashbourne Place	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Barbara Brandt			Registration Number, if PAC	
Street Address 2333 Brentwood Road	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 7 0 3 0 9	Amount 200.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Eric Carmichael			Registration Number, if PAC	
Street Address 1299 Brookwood Place	Employer/Occupation/Labor Organization* Self-Employed		M D Y 0 7 0 1 0 9	Amount 200.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Herbert Chen			Registration Number, if PAC	
Street Address 34 West Poplar Avenue, Unit 203	Employer/Occupation/Labor Organization* National City Bank		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor William Conner			Registration Number, if PAC	
Street Address 250 East Sycamore Street	Employer/Occupation/Labor Organization* CAPA		M D Y 0 6 2 3 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43206	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

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Total expenditures this event

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Page Total \$ 900.00