

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