

31-E  
R.C. 3517.10(B)

Event Date	7/27/10
Page	8

## 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 Nannette V. Maciejunes			Registration Number, if PAC	
Street Address 504 West Broadway	Employer/Occupation/Labor Organization* Cols Museum of Art		M   D   Y 0   7   2   7   1   0	Amount 100.00
City Granville	State O   H	Zip Code 43023	Form (Cash, Check, etc) Check	
Full Name of Contributor Karen J. Morrison			Registration Number, if PAC C00210617	
Street Address 180 East Broad Street, 34th Floor	Employer/Occupation/Labor Organization* OhioHealth Star Corp		M   D   Y 0   7   2   1   1   0	Amount 200.00
City Columbus	State O   H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Keith A. Myers			Registration Number, if PAC	
Street Address 229 East College Street	Employer/Occupation/Labor Organization* MSI Design, Inc,		M   D   Y 0   7   2   2   1   0	Amount 100.00
City Granville	State O   H	Zip Code 43023	Form (Cash, Check, etc) Check	
Full Name of Contributor Veda C. Nami			Registration Number, if PAC	
Street Address 7271 Landon Lane	Employer/Occupation/Labor Organization* Unemployed		M   D   Y 0   7   1   6   1   0	Amount 1,000.00
City New Albany	State O   H	Zip Code 43054	Form (Cash, Check, etc) Check	
Full Name of Contributor Beth A. Patterson			Registration Number, if PAC	
Street Address 1485 Lonsdale Road	Employer/Occupation/Labor Organization* State of Ohio		M   D   Y 0   7   2   7   1   0	Amount 100.00
City Columbus	State O   H	Zip Code 43232	Form (Cash, Check, etc) Check	
Full Name of Contributor Philicia Pegram			Registration Number, if PAC	
Street Address 1139 Bernhard Road	Employer/Occupation/Labor Organization* Realtor		M   D   Y 0   7   2   7   1   0	Amount 50.00
City Columbus	State O   H	Zip Code 43227	Form (Cash, Check, etc) Check	
Full Name of Contributor Frank R. Petruziello			Registration Number, if PAC	
Street Address 4270 Morse Road	Employer/Occupation/Labor Organization* Architect		M   D   Y 0   7   2   6   1   0	Amount 100.00
City Columbus	State O   H	Zip Code 43230	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
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Total expenditures this event

3,017.15
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Page Total \$ 1,650.00