

Event Date	7/1/09
Page	6

## 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 John Wirchanski				Registration Number, if PAC	
Street Address 160 Franklin Street		Employer/Occupation/Labor Organization* Owner, John's Antiques		M   D   Y 0   7   0   1   0   9	Amount 100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M   D   Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M   D   Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M   D   Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M   D   Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M   D   Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M   D   Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc)	

\* 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

4 918 00

Total expenditures this event

Page Total \$ 100.00