31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 6/15/11	
Page 7	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Priscilla Tyson			
Full Name of Contributor			Registration Number, if PAC
David L. Hodge			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
37 West Broad Street	Smith & Hale, LLC		0 6 1 5 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor	<u> </u>		Registration Number, if PAC
Jacqueline L. Allen			
Street Address .	Employer/Occupation/Labor Organization*		M D Y Amount
3751 Prestwould Close	Unemployed		0 6 1 5 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	Check
Full Name of Contributor Linda Kass			Registration Number, if PAC
	1_ 1 3		M D Y Amount
Street Address 267 N. Parkview	Employer/Occupation/Labor Organization* unemployed		0 6 1 3 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor	011		Registration Number, if PAC
Nancy Tidwell			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1693 Spartan Drive			0 6 1 5 1 1 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor Terrilyn R. Williams	,	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Street Address 362 Naiche Ct	Employer/Occupation/Labor Organization*		0 6 1 5 1 1 S 50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43213	Check
Full Name of Contributor Donna A. James			Registration Number, if PAC
Street Address One Miranova Place Suite 1040	Employer/Occupation/Labor Organization* Lardon & Associates		0 6 1 5 1 1 Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor David Hetzler		<u>.</u>	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization* DLZ Corp		M D Y Amount
1645 Ridgeway Place			0 6 1 5 1 1 \$250.00
City Grandview Heights	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check
		11 11 12 13	utar is self ampleyed, the accuration and the name of

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

Ioiai contri	Danons uns even
	i
ľ	ቁስ በበ
1	WO.00

Total expenditures this event.

\$0.00

Page Total \$ \$1,150.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]