

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 Susan Quintenz				Registration Number, if PAC	
Street Address 91 Stanberry Avenue	Employer/Occupation/Labor Organization* Unemployed		M 0 6	D 2 9	Y 0 9
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Cynthia Rasmussen				Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 2425	Employer/Occupation/Labor Organization* Unemployed		M 0 7	D 0 1	Y 0 9
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Roberta Ruch				Registration Number, if PAC	
Street Address 46 North Parkview	Employer/Occupation/Labor Organization* Academy Medical Svcs		M 0 6	D 1 6	Y 0 9
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Lenore Schottenstein				Registration Number, if PAC	
Street Address 1000 South Dawson, Unit 301	Employer/Occupation/Labor Organization* Retired		M 0 6	D 1 5	Y 0 9
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Michael Silberstein				Registration Number, if PAC	
Street Address 1093 Fountain Lane, Apt. D	Employer/Occupation/Labor Organization* Northwestern Mutual		M 0 6	D 2 3	Y 0 9
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Lonni Thompson				Registration Number, if PAC	
Street Address 283 East Sycamore	Employer/Occupation/Labor Organization* LT Tech Enterprises, Inc		M 0 7	D 0 2	Y 0 9
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor McCullough Williams, III				Registration Number, if PAC	
Street Address 6171 Lynanne Court	Employer/Occupation/Labor Organization* Attorney		M 0 7	D 0 1	Y 0 9
City Columbus	State O H	Zip Code 43231	Form(Cash,Check,etc) Check		Amount 100.00

* 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 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 \$ 650.00