

31-E  
R.C. 3517.10(B)

Event Date	<u>10/1/09</u>
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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 Cheryl L. Pentella			Registration Number, if PAC	
Street Address 373 West Hubbard Avenue	Employer/Occupation/Labor Organization* Pentella Marketing Comm		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Columbus	State O   H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mariette Polite			Registration Number, if PAC	
Street Address 984 Poppy Hills Drive	Employer/Occupation/Labor Organization* Unemployed		M   D   Y 0   9   0   8   0   9	Amount 75.00
City Blacklick	State O   H	Zip Code 43004	Form(Cash,Check,etc) Check	
Full Name of Contributor Charlotte A. Rhea			Registration Number, if PAC	
Street Address 1276 Easthill Drive	Employer/Occupation/Labor Organization* Retired		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Columbus	State O   H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Priscilla A. Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Drive	Employer/Occupation/Labor Organization* Retired		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Whitehall	State O   H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Greta J. Russell			Registration Number, if PAC	
Street Address 674 Bellamy Place	Employer/Occupation/Labor Organization* The Ohio State University		M   D   Y 1   0   0   1   0   9	Amount 100.00
City Columbus	State O   H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Ryan			Registration Number, if PAC	
Street Address 1452 Ironwood Drive	Employer/Occupation/Labor Organization* Retired		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Columbus	State O   H	Zip Code 43229	Form(Cash,Check,etc) Check	
Full Name of Contributor Toshia Safford			Registration Number, if PAC	
Street Address 3451 Society Hill Court	Employer/Occupation/Labor Organization* Ctr for Healthy Families		M   D   Y 1   0   0   1   0   9	Amount 225.00
City Columbus	State O   H	Zip Code 43219	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 \$ 700.00