

31-E
R.C. 3517.10(B)

Event Date 10/1/09
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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 Cheryl L. Pentella				Registration Number, if PAC	
Street Address 373 West Hubbard Avenue	Employer/Occupation/Labor Organization* Pentella Marketing Comm		M 1	D 0	Y 10
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Mariette Polite				Registration Number, if PAC	
Street Address 984 Poppy Hills Drive	Employer/Occupation/Labor Organization* Unemployed		M 0	D 9	Y 08
City Blacklick	State OH	Zip Code 43004	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Charlotte A. Rhea				Registration Number, if PAC	
Street Address 1276 Easthill Drive	Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 10
City Columbus	State OH	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Priscilla A. Roberge				Registration Number, if PAC	
Street Address 372 Cumberland Drive	Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 10
City Whitehall	State OH	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 75.00
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 1	D 0	Y 10
City Columbus	State OH	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Richard Ryan				Registration Number, if PAC	
Street Address 1452 Ironwood Drive	Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 10
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 75.00
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 1	D 0	Y 10
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 225.00

* 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 \$ 700.00