

31-E
R.C. 3517.10(B)

Event Date	7/1/09
Page	5

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 D Y 0 6 2 9 0 9	Amount 100.00
City Bexley	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Cynthia Rasmussen			Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 2425	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Roberta Ruch			Registration Number, if PAC	
Street Address 46 North Parkview	Employer/Occupation/Labor Organization* Academy Medical Svcs		M D Y 0 6 1 6 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Lenore Schottenstein			Registration Number, if PAC	
Street Address 1000 South Dawson, Unit 301	Employer/Occupation/Labor Organization* Retired		M D Y 0 6 1 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Michael Silberman			Registration Number, if PAC	
Street Address 1093 Fountain Lane, Apt. D	Employer/Occupation/Labor Organization* Northwestern Mutual		M D Y 0 6 2 3 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43213	Form (Cash, Check, etc) Check	
Full Name of Contributor Lonni Thompson			Registration Number, if PAC	
Street Address 283 East Sycamore	Employer/Occupation/Labor Organization* LT Tech Enterprises, Inc		M D Y 0 7 0 2 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) Check	
Full Name of Contributor McCullough Williams, III			Registration Number, if PAC	
Street Address 6171 Lynanne Court	Employer/Occupation/Labor Organization* Attorney		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43231	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 \$ 650.00