31-F
R.C. 3517.10

Event Date	6/15/11
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Priscilla Tyson						
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount		
USPS		•	0 5 2 5 1 1	\$228.80		
Address	Purpose	B.4 - 100				
200 N High Street	Fundraise		Tái Li	7		
City	State	Zip Code 43215	Check Number	2		
Columbus To Whom Paid	OH	43213	Debit M D Y	Amount		
Columbus A Renaissance Hotels			0 6 1 5 1 1	\$1,813.05		
Address	Purpose					
50 N Third Street		Fundraiser Catering & Venue				
City	State	Zip Code	Check Number			
Columbus	ОН	43215	Debit	1		
To Whom Paid			M D Y	Amount		
Address	Purpose	Purpose				
City	State	Zip Code	Check Number			
	OH .					
To Whom Paid	<u> </u>	· ·	M D Y	Amount		
Address	Purpose		<u> </u>			
City	State	Zip Code	Check Number			
	OH	,				
To Whom Paid			M D Y	Amount		
Address	Purpose		<u> </u>			
		17: 0.1	Check Number			
City	Stajte OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
				1		
Address	Purpose			<u></u>		
City	Stalte	Zip Code	Check Number			
	ОН					
To Whom Paid			M D Y	Amount		
Address	Purpose	· <u>-</u> .		<u> </u>		
City	State	Zip Code	Check Number			
	OH			•		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$2,041.85
Page Total \$