

31-E  
R.C. 3517.10(B)

Event Date	7/27/10
Page	12

## 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 Nadine E. Williams				Registration Number, if PAC	
Street Address 50 South Champion Avenue		Employer/Occupation/Labor Organization* State of Ohio		M   D   Y 0   7   2   7   1   0	Amount 100.00
City Columbus		State O   H	Zip Code 43205	Form (Cash, Check, etc) Check	
Full Name of Contributor Catherine T. Willis					
Street Address 191 Melyers Court				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization* Retired		M   D   Y 0   8   0   3   1   0	Amount 50.00
City Columbus		State O   H	Zip Code 43235	Form (Cash, Check, etc) Check	
Full Name of Contributor Walter L. Workman					
Street Address 1545 Alum Creek Drive, 2nd Floor				Registration Number, if PAC LA271	
City Columbus		Employer/Occupation/Labor Organization* Columbus AFL-CIO PCE		M   D   Y 0   7   2   7   1   0	Amount 100.00
City Columbus		State O   H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Lester F. Wright					
Street Address 2268 Liston Avenue				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization* Retired		M   D   Y 0   7   2   7   1   0	Amount 100.00
City Columbus		State O   H	Zip Code 43207	Form (Cash, Check, etc) Check	
Full Name of Contributor Nathan P. Wymer					
Street Address 1 Nationwide Plaza, 1-32-06				Registration Number, if PAC OH259	
City Columbus		Employer/Occupation/Labor Organization* Nationwide Insurance		M   D   Y 0   8   0   2   1   0	Amount 1,000.00
City Columbus		State O   H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)	

\* 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

16,835.00

Total expenditures this event

3,017.15

Page Total \$ 1,350.00