31-E
R.C. 3517.10(B)

## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 6/15/11	_
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Prescribed by Secretary of State 03/

Name of Committee in Full		į
Citizens for Priscilla Tyson		
Full Name of Contributor	Registration Number, if PAC	
Philip T Daniel		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount \$200.00
8161 Flint Road	The Ohio State University	
City	Stal te Zip Code OH 43235	Form (Cash, Check, etc.)
Columbus	OH 43235	Check
Full Name of Contributor		Registration Number, if PAC
Gloria C. Letts		
Street Address	Employer/Occupation/Labor Organization* Retired	M D Y Amount
6120 Nicholas Glen		0 6 0 1 1 1 \$100.00
City	State Zip Code	Form (Cash, Check, etc.) Check
Columbus	OH 43213	7 8.0 5
Full Name of Contributor		Registration Number, if PAC
Yung-Chen Lu		
Street Address	Employer/Occupation/Labor Organization* The Ohio State University	0 6 0 1 1 1 \$100.00
1881 Brandywine Drive		0 6 0 1 1 1 \$100.00
Columbus	Stal te Zip Code OH 43220	Check
Columbus	OH 43220	
Full Name of Contributor		Registration Number, if PAC
Rosemary Duffy		No. 175 No. 184
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 0 5 3 1 1 1 S100.00
198 Deer Meadow Drive	Ctr. for Disease Control	0 5 3 1 1 1 \$100.00 Form (Cash, Check, etc.)
City	State Zip Code	Check
Gahanna	OH 43230	Registration Number, if PAC
Full Name of Contributor Shirley T. Toler		Registration Number, it FAC
Street Address		M D Y Amount
1438 Haddon Road	Employer/Occupation/Labor Organization* Retired	0 6 0 2 1 1 \$100.00
City	Stal te Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43209	Check
Full Name of Contributor		Registration Number, if PAC
Ty D. Marsh		, , ,
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
57 Riverview Park Dr	Ty Marsh Associates	0 6 0 2 1 1 \$100.00
City	Stal te Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43214	Check
Full Name of Contributor		Registration Number, if PAC
Barbara K. Brandt		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
2333 Brentwood Road	Barbara K. Brandt Inc.	0 6 0 1 1 1 \$100.00
City	State Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43209	Check
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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
1
\$0.00
Ψ0.00

Total expenditures this event.

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\$0.00	)

<sup>\*</sup> 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 also appear. [R.C. 3517.10(B)(4)]