

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 Carri Twigg				Registration Number, if PAC	
Street Address 340 East Fulton Street		Employer/Occupation/Labor Organization* Ohio Democratic Party		M   D   Y 0   9   2   8   0   9	Amount 375.00
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Glenna L. Watson				Registration Number, if PAC	
Street Address 2508 Schaaf Drive		Employer/Occupation/Labor Organization* Retired		M   D   Y 1   0   0   1   0   9	Amount 50.00
City Columbus		State O   H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Jean M. Williams				Registration Number, if PAC	
Street Address 6367 Portsmouth Drive		Employer/Occupation/Labor Organization* Retired		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Reynoldsburg		State O   H	Zip Code 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Nadine Edwards Williams				Registration Number, if PAC	
Street Address 50 South Champion Avenue		Employer/Occupation/Labor Organization* State of Ohio		M   D   Y 0   9   2   7   0   9	Amount 150.00
City Columbus		State O   H	Zip Code 43205	Form(Cash,Check,etc) Check	
Full Name of Contributor Antoinette Wilson				Registration Number, if PAC	
Street Address 3500 Fairway Commons		Employer/Occupation/Labor Organization* Triumph Communication		M   D   Y 1   0   0   1   0   9	Amount 225.00
City Hilliard		State O   H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Lester Wright				Registration Number, if PAC	
Street Address 2268 Liston Avenue		Employer/Occupation/Labor Organization* Retired		M   D   Y 1   0   0   1   0   9	Amount 150.00
City Columbus		State O   H	Zip Code 43207	Form(Cash,Check,etc) Check	
Full Name of Contributor Tykiah Wright				Registration Number, if PAC	
Street Address 3105 Leon Avenue		Employer/Occupation/Labor Organization* WrightChoice, Inc.		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Columbus		State O   H	Zip Code 43219	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 \$ 1,100.00