31-E R.C. 3517.10(B)

Event Date	7/27/10
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretary of	f State 3/05			
Name of Committee in Full			·		
Citizens for Priscilla Tyson					
Full Name of Contributor			Registration Number, if PAC		
Darnita J. Bradley	Darnita J. Bradley		C00051979		
Street Address	Employer/Occupation/I	Employer/Occupation/Labor Organization*			
200 Civic Center Drive	NiSource, Inc	c. PAC	0 7 2 8 1 0	250.00	
City	State Zip Co		Form(Cash,Check,etc)		
Columbus	_ O H	43215	Check "		
Full Name of Contributor		=	Registration Number, if PAC	•	
Darlene R. Britford					
Street Address	Employer/Occupation/l	Labor Organization*	M D Y Amount		
5000 Birch Grove Drive	Retired		0 7 2 7 1 0	100.00	
City	State Zip Co	ode	Form(Cash,Check,etc)		
Groveport	$ \cap H $	43125	Check		
Full Name of Contributor			Registration Number, if PAC		
Lorraine P. Brock					
Street Address	Employer/Occupation/1	abor Organization*	M D Y Amount	<u> </u>	
809 Katherines Ridge Lane	Retired	-	0 7 2 7 1 0	100.00	
City	State Zip Co	ode	Form(Cash,Check,etc)	200.00	
Columbus	$O \mid H \mid$	43235	Check		
Full Name of Contributor			Registration Number, if PAC	•	
Jeffrey L. Brown			i i		
Street Address	Employer/Occupation/L	abor Organization*	M D Y Amount		
37 West Broad Street	Smith & Hale	e. LLC	0 7 2 7 1 0	500.00	
City	State Zip Co		Form(Cash,Check,etc)	200.00	
Columbus		43215	Check .		
Full Name of Contributor			Registration Number, if PAC		
Michael David Brown			·		
Street Address	Employer/Occupation/L	abor Organization*	M D Y Amount		
139 East Main Street	Harmony Pro	-	0 7 2 7 1 0	100.00	
City	State Zip Co		Form(Cash,Check,etc)	100.00	
Columbus	OH	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Michael S. Brown					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
1142 Pennsylvania Avenue	Experience Columbus		0 7 2 6 1 0	100.00	
City	State Zip Co		Form(Cash,Check,etc)	100100	
Columbus	$\cap \mid H \mid$	43201	Check .		
Full Name of Contributor	1 1 1		Registration Number, if PAC		
Anita I. Candler					
Street Address	Employer/Occupation/L	abor Organization*	M D Y Amount		
8741 Swisher Creek Crossing	Unemployed		0 7 2 6 1 0	100.00	
City	State Zip Co	de	Form(Cash,Check,etc)	100.00	
New Albany	I O I H I	43054	Check		
		10001	Citcon		

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 No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event	
		Page Total \$ _1.250.00
16 835 00	3 017 15	

^{*} 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)]