

31-E
R.C. 3517.10(B)

Event Date 5.13.09
Page 3

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 Joel A. Rabb, Jr				Registration Number, if PAC	
Street Address 6468 Quarry Lane	Employer/Occupation/Labor Organization* South Side Settlement		M 0	D 5	Y 13
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Dr. Clayton Royder				Registration Number, if PAC	
Street Address 867 West Town Street, Suite 200	Employer/Occupation/Labor Organization* Nikor Management, LLC		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43222	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Nathan P. Wymer				Registration Number, if PAC	
Street Address One Nationwide Plaza, 1-32-06	Employer/Occupation/Labor Organization* Nationwide Insurance		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount

* 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

4 450 00

Total expenditures this event

624 32

Page Total \$ 850.00