

31-E

R.C. 3517.10(B)

Event Date 5.13.09

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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 Gregory Lestini				Registration Number, if PAC OH821	
Street Address 100 South Third Street	Employer/Occupation/Labor Organization* Bricker & Eckler, LLP		M 0 5	D 1 3	Y 0 9
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Jeff Lewis				Registration Number, if PAC	
Street Address 4474 Summit Ridge Drive	Employer/Occupation/Labor Organization* Attorney		M 0 5	D 1 3	Y 0 9
City Columbus	State O H	Zip Code 43220	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor David Luby				Registration Number, if PAC	
Street Address 6519 Spring Run Drive	Employer/Occupation/Labor Organization* United Healthcare		M 0 5	D 1 3	Y 0 9
City Westerville	State O H	Zip Code 43082	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Sean Mentel				Registration Number, if PAC	
Street Address 175 South Third Street, Suite 800	Employer/Occupation/Labor Organization* Self-Employed		M 0 5	D 1 3	Y 0 9
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Robert Meyer				Registration Number, if PAC	
Street Address 41 South High Street	Employer/Occupation/Labor Organization* PorterWright		M 0 5	D 0 4	Y 0 9
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Karen Morrison				Registration Number, if PAC C00210617	
Street Address 180 East Broad Street, 34th Floor	Employer/Occupation/Labor Organization* Ohio Health Star Corp		M 0 5	D 1 1	Y 0 9
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Richard C. Pfeiffer, Jr				Registration Number, if PAC	
Street Address 88 East Broad Street, Suite 1250	Employer/Occupation/Labor Organization* Friends of Rick Pfeiffer		M 0 5	D 0 4	Y 0 9
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00

* 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 \$ 1,750.00