

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 Jody Scheiman				Registration Number, if PAC			
Street Address 218 N Parkview		Employer/Occupation/Labor Organization* Investment Advisor		M 1	D 0	Y 0	Amount 250.00
City Columbus	State O	H H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Sharon Cameron				Registration Number, if PAC			
Street Address 741 City Park		Employer/Occupation/Labor Organization* Self-employed		M 1	D 0	Y 0	Amount 100.00
City Columbus	State O	H H	Zip Code 43206	Form(Cash,Check,etc) check			
Full Name of Contributor Jerry Hammond				Registration Number, if PAC			
Street Address 155 W Main St		Employer/Occupation/Labor Organization* Consultant		M 1	D 0	Y 0	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Eric Carmichael				Registration Number, if PAC			
Street Address 1299 Brookwood Pl		Employer/Occupation/Labor Organization* Developer		M 1	D 0	Y 0	Amount 150.00
City Columbus	State O	H H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Joy Gonsiorowski				Registration Number, if PAC			
Street Address 1 Miranova Pl		Employer/Occupation/Labor Organization* Homemaker		M 1	D 0	Y 0	Amount 200.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	Zip Code	Form(Cash,Check,etc)			

* 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

1,550.00

Total expenditures this event

Page Total \$ 800.00