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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 CITIZEN FOR PRISCILLA TYSON					
Full Name of Contributor Veda Nami				Registration Number, if PAC	
Street Address 141 Keswick Dr	Employer/Occupation/Labor Organization* Homemaker		M 0	D 8	Y 14
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc) check		Amount 1,000.00
Full Name of Contributor Robert Weiler				Registration Number, if PAC	
Street Address 10 N High St Ste 401	Employer/Occupation/Labor Organization* Realtor		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc)		Amount 250.00
Full Name of Contributor William Wells				Registration Number, if PAC	
Street Address 1392 Seiler Ct	Employer/Occupation/Labor Organization* Davis & Sons		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43223	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Vernadine Pickens				Registration Number, if PAC	
Street Address 5555 Knollwood Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Cental Ohio Realtor PAC				Registration Number, if PAC	
Street Address 2700 Airport Dr	Employer/Occupation/Labor Organization* Realtors		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Gloria Letts				Registration Number, if PAC	
Street Address 6120 Nicholas Glen	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Bruce Harkey				Registration Number, if PAC	
Street Address 26 Brevoort Rd	Employer/Occupation/Labor Organization* Franklin Park Conservatory		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) PayPal		Amount 100.00

* 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

Total expenditures this event

Page Total \$ 1,950.00