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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 ERIC D CARMICHAEL			Registration Number, if PAC		
Street Address 1299 BROOKWOOD PLACE	Employer/Occupation/Labor Organization*		M 0	D 6	Y 3
City COLUMBUS	State O	Zip Code 43209	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor ROSANNE B CARMICHAEL			Registration Number, if PAC		
Street Address 1620 E BROAD ST, #402	Employer/Occupation/Labor Organization*		M 0	D 6	Y 3
City COLUMBUS	State O	Zip Code 43203	Form(Cash,Check,etc) CHECK		Amount 35.00
Full Name of Contributor A ROBERT HUTCHINS			Registration Number, if PAC		
Street Address 750 E LONG ST, SUITE 3000	Employer/Occupation/Labor Organization*		M 0	D 6	Y 3
City COLUMBUS	State O	Zip Code 43203	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor MCCULLOUGH WILLIAMS III			Registration Number, if PAC		
Street Address 6171 LYNANNE COURT	Employer/Occupation/Labor Organization*		M 0	D 6	Y 3
City COLUMBUS	State O	Zip Code 43231	Form(Cash,Check,etc) CHECK		Amount 150.00
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

* 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

1,110.00

Total expenditures this event

Page Total \$ 435.00