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Event Date	08/29/07
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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 <b>CITIZEN FOR PRISCILLA TYSON</b>					
Full Name of Contributor <b>Rhonda Zigler</b>				Registration Number, if PAC	
Street Address <b>1223 Madison</b>		Employer/Occupation/Labor Organization* <b>Ohio Health</b>		M   D   Y <b>0   8   2   9   0   7</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Shirley Toler</b>				Registration Number, if PAC	
Street Address <b>1438 Haddon Rd</b>		Employer/Occupation/Labor Organization* <b>Homemaker</b>		M   D   Y <b>0   8   2   9   0   7</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Maureen S. Black</b>				Registration Number, if PAC	
Street Address <b>361 Indian Mound Rd</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M   D   Y <b>0   8   2   9   0   7</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Darlene Sowell</b>				Registration Number, if PAC	
Street Address <b>4159 S Ellis Ave</b>		Employer/Occupation/Labor Organization* <b>Uhilch Childrens</b>		M   D   Y <b>0   8   2   9   0   7</b>	Amount <b>25.00</b>
City <b>Chicago</b>	State <b>I   L</b>	Zip Code <b>60653</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Patricia Larkins Hicks</b>				Registration Number, if PAC	
Street Address <b>6283 Alissa Ln</b>		Employer/Occupation/Labor Organization* <b>Outcome Management</b>		M   D   Y <b>0   8   2   9   0   7</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Darlene Britford</b>				Registration Number, if PAC	
Street Address <b>5000 Birch Grove Dr</b>		Employer/Occupation/Labor Organization* <b>State Of Ohio</b>		M   D   Y <b>0   8   2   9   0   7</b>	Amount <b>50.00</b>
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Anita Candler</b>				Registration Number, if PAC	
Street Address <b>8741 Swisher Creek Crossing</b>		Employer/Occupation/Labor Organization* <b>Homemaker</b>		M   D   Y <b>0   8   2   9   0   7</b>	Amount <b>50.00</b>
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>		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

Total expenditures this event

Page Total \$ 300.00