

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				Registration Number, if PAC						
Catherine Girves										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
258 North 21st Street				0	8	2	7	1	5	50.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		Oh		43203		Check				
Full Name of Contributor				Registration Number, if PAC						
Charles L. Wheeler										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
8371 Pine Orch				0	8	2	4	1	5	100.00
City		State		Zip Code		Form(Cash,Check,etc)				
Blacklick		Oh		43004		Check				
Full Name of Contributor				Registration Number, if PAC						
Frankie L. Nowlin										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
747 Sheridan Avenue				0	8	2	8	1	5	25.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		Oh		43209		Check				
Full Name of Contributor				Registration Number, if PAC						
Tobi S. Furman										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
1961 Waterbrook Lane				0	8	2	7	1	5	50.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		Oh		43209		Check				
Full Name of Contributor				Registration Number, if PAC						
Mary S. Duffey										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
4740 Hayden Run Road				0	8	2	7	1	5	100.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		Oh		43221		Check				
Full Name of Contributor				Registration Number, if PAC						
Larry Price										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
1587 Franklin Park, South				0	8	2	6	1	5	100.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		Oh		43205		Check				
Full Name of Contributor				Registration Number, if PAC						
Cheryl L. Pentella										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
373 West Hubbard Avenue				0	8	2	8	1	5	100.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		Oh		43215		Check				

* 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 \$ 525.00