		l
Event Date	05/15/07	l
Page	6	l
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary of State 3/05	
Name of Committee in Full CITIZENA FOR PRISCILLA TYS	SON		
Full Name of Contributor	OIN	<u> </u>	Registration Number, if PAC
	INIC DAC		C00155589
HUNTINGTON BANCHARES I Street Address		tion/Labor Organization*	M D Y Amount
	Епрюуелоссира	non Labor Organization	0 5 1 0 0 7 250.0
41 S HIGH ST	State	Zip Code	Form(Cash,Check,etc)
COLUMBUS		43216	CHECK
Full Name of Contributor	() 11	43210	Registration Number, if PAC
FRED BENTON			Registration (Various, in 1770)
Street Address	Enmloyer/Occupati	tion/Labor Organization*	M D Y Amount
1440 COTTINGHAM CT E	Employer/Occupa	HOIV Labor Organization	0 5 1 5 0 7 100.0
City	State	Zip Code	Form(Cash.Check,etc)
COLUMBUS	n H	43209	CASH
Full Name of Contributor	I U III	30207	Registration Number, if PAC
DAN MONCRIEF			Registation Number, it The
Street Address	Employer/Occupation	tion/Labor Organization*	M D Y Amount
	Енфюуен/Оссиран	tion Labor Organization	0 5 1 5 0 7
1069 WOODLAND AVE	State	Zip Code	Form(Cash,Check,etc)
city COLUMBUS	O H	43219	CASH
Full Name of Contributor	() 11	43219	Registration Number, if PAC
Full Name of Contributor			Registration Number, it i AC
Character Address	Emmloyer/Occumo	tion/Labor Organization*	M D Y Amount
Street Address	Employer/Occupa	non/Labor Organization	IVI D I Amount
0.7	State	7in Codo	Form(Cash,Check,etc)
City	State	Zip Code	Form Cash, Check, etc)
T. IIV.		<u> </u>	Registration Number, if PAC
Full Name of Contributor			Registration Number, if I AC
Ctural Address	E-mlovor/Occumo	tion/Labor Organization*	M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		
City	State	Zip Code	Form(Cash,Check,etc)
City	1	Dip code	1 om (cash, chori, sto)
Full Name of Contributor			Registration Number, if PAC
Pull Name of Contributor			Togodium Tumbol, MTTC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
Succe Addition	Епрюуси Оссара	Hold Caool Organization	
City	State	Zip Code	Form(Cash,Check,etc)
City		Dip code	
Full Name of Contributor			Registration Number, if PAC
run rane of Contidutor			Augustian Namosi, Milita
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
Sirect Address	Епфюуст оссира	don Eacor Organization	
City	State	Zip Code	Form(Cash,Check,etc)
City	Jane	Zip Code	1 office asis, chesis, oto)
equired for contributions from individuals over \$100 to statewi	de and general assembly candid	lates. If contributor is self-em	ployed, the occupation and the name of the
. vidual's business, if any, rather than employer should be listed.			
nization of which the employees are members, if any, must ap			
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 Contrib	outor state "Contributions from	m 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 \$ 450.00
6,300.00	1 1	.500.00	