

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						Registration Number, if PAC	
Full Name of Contributor Kelly Jaeger						Amount	
Street Address 334 Powhatan Avebue		Employer/Occupation/Labor Organization* BMW Financial Services		M 0	D 9	Y 23	75.00
City Columbus		State O	H H	Zip Code 43204		Form(Cash,Check,etc) check	
Full Name of Contributor John Raphael						Registration Number, if PAC	
Street Address 444 South Front Street		Employer/Occupation/Labor Organization* Raphael Company		M 0	D 9	Y 23	250.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Karla Rothan						Registration Number, if PAC	
Street Address 110 West 1st Avenue		Employer/Occupation/Labor Organization* Stonewall Columbus		M 0	D 9	Y 23	150.00
City Columbus		State O	H H	Zip Code 43201		Form(Cash,Check,etc) check	
Full Name of Contributor Janet George						Registration Number, if PAC	
Street Address 1234 Lane on the Lake, Apt A		Employer/Occupation/Labor Organization* City Year Columbus		M 0	D 9	Y 23	75.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor William Conner						Registration Number, if PAC	
Street Address 250 East Sycamore Street		Employer/Occupation/Labor Organization* CAPA		M 0	D 9	Y 23	150.00
City Columbus		State O	H H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor Jeffrey Smith						Registration Number, if PAC	
Street Address 773 Dennison Avenue		Employer/Occupation/Labor Organization* Jeffrey J. Smith CPA, LLC		M 0	D 9	Y 23	50.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Philip & Vesta Daniel						Registration Number, if PAC	
Street Address 8161 Flint Road		Employer/Occupation/Labor Organization* The Ohio State University		M 0	D 9	Y 23	100.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) 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 \$ 850.00