

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 TALIA BROWN			Registration Number, if PAC	
Street Address 4043 SPECTACLE DRIVE	Employer/Occupation/Labor Organization* DEPUTY TREASURER		M D Y 0 7 1 1 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43230	Form (Cash, Check, etc) CHECK	
Full Name of Contributor LESTER WRIGHT			Registration Number, if PAC	
Street Address 2268 LISTON AVE	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 1 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43207	Form (Cash, Check, etc) CHECK	
Full Name of Contributor DAVID HETZLER			Registration Number, if PAC	
Street Address 1645J RIDGEWAY PLACE	Employer/Occupation/Labor Organization* DLZ		M D Y 0 7 1 1 1 3	Amount 250.00
City GRANDVIEW HEIGHTS	State O H	Zip Code 43212	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOHN W TOLBERT			Registration Number, if PAC	
Street Address 537 STRATSHIRE LANE	Employer/Occupation/Labor Organization* DIRECTOR		M D Y 0 7 1 1 1 3	Amount 100.00
City GAHANNA	State O H	Zip Code 43230	Form (Cash, Check, etc) CHECK	
Full Name of Contributor AMY KLABEN			Registration Number, if PAC	
Street Address 238 N CASSADY AVE	Employer/Occupation/Labor Organization* EXEC DIR-HOMEPORT		M D Y 0 7 1 1 1 3	Amount 100.00
City BEXLEY	State O H	Zip Code 43209	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JEANNE MATIVI			Registration Number, if PAC	
Street Address 1237 DUBLIN RD	Employer/Occupation/Labor Organization* SOLUTIONS STAFFING		M D Y 0 7 1 1 1 3	Amount 1,000.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor ROBERT MEYER			Registration Number, if PAC	
Street Address 41 SOUTH HIGH STREET	Employer/Occupation/Labor Organization* PORTER WRIGHT		M D Y 0 7 0 8 1 3	Amount 500.00
City COLUMBUS	State O H	Zip Code 43215	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 \$ 2,150.00