

Event Date 7/25/12

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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 Citizens for Priscilla Tyson					
Full Name of Contributor Jenene O'Donnell			Registration Number, if PAC		
Street Address 100 South Third Street	Employer/Occupation/Labor Organization* Bricker & Eckler	M 0	D 7	Y 2	Amount 500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Shyam V. Rajadhyaksha			Registration Number, if PAC		
Street Address 6121 Huntley Road	Employer/Occupation/Labor Organization* DLZ, Inc.	M 0	D 8	Y 0	Amount 1,000.00
City Columbus	State O	Zip Code H 43229	Form(Cash,Check,etc) Check		
Full Name of Contributor Frederick Ransier			Registration Number, if PAC OH109		
Street Address 52 East Gay Street	Employer/Occupation/Labor Organization* Attorney	M 0	D 7	Y 2	Amount 500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Kathy Schafer			Registration Number, if PAC		
Street Address 41 South High Street	Employer/Occupation/Labor Organization* PorterWright	M 0	D 7	Y 2	Amount 500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Lauren Swason			Registration Number, if PAC OH146		
Street Address 1225 Dublin Road	Employer/Occupation/Labor Organization* Cols. Apartment Assoc.	M 0	D 7	Y 1	Amount 500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Kimberly Vogel			Registration Number, if PAC C00165589		
Street Address 41 South High Street	Employer/Occupation/Labor Organization* Huntington Bancshares	M 0	D 7	Y 2	Amount 500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Mark Wood			Registration Number, if PAC		
Street Address 21 West Hubbard Street, Ste D	Employer/Occupation/Labor Organization* Wood Operating Co.	M 0	D 7	Y 1	Amount 1,000.00
City Columbus	State O	Zip Code H 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 \$ 4,500.00

15,825.00

756.97