

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 REGINA M SHORTT			Registration Number, if PAC			
Street Address 4114 ASBURY RIDGE DRIVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07	Amount 50.00
City GAHANNA	State O	Zip Code 43230	Form(Cash,Check,etc) CHECK			
Full Name of Contributor QUEEN E BROOKS			Registration Number, if PAC			
Street Address 462 S WAVERLY ST	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07	Amount 50.00
City COLUMBUS	State O	Zip Code 43213	Form(Cash,Check,etc) CHECK			
Full Name of Contributor TERRI STREET			Registration Number, if PAC			
Street Address 187 N GARFIELD AVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07	Amount 250.00
City COLUMBUS	State O	Zip Code 43203	Form(Cash,Check,etc) CHECK			
Full Name of Contributor RENNY TYSON			Registration Number, if PAC			
Street Address 268 S HARDING ROAD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07	Amount 100.00
City COLUMBUS	State O	Zip Code 43209	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JERRY HAMMOND			Registration Number, if PAC			
Street Address 137 E STATE STREET	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07	Amount 100.00
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor PAULA L BROOKS			Registration Number, if PAC			
Street Address 4595 BENDERTON CT	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07	Amount 100.00
City COLUMBUS	State O	Zip Code 43220	Form(Cash,Check,etc) CHECK			
Full Name of Contributor OTHELDA A SPENCER			Registration Number, if PAC			
Street Address 343 E LIVINGSTON AVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07	Amount 100.00
City COLUMBUS	State O	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 \$ 750.00