

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Priscilla Tyson</b>					
Full Name of Contributor <b>Karen Morrison</b>				Registration Number, if PAC	
Street Address <b>180 East Broad Street</b>		Employer/Occupation/Labor Organization* <b>Ohio Health Star Corp</b>		M   D   Y <b>0   9   2   3   0   8</b>	Amount <b>150.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Robert Meyer</b>				Registration Number, if PAC	
Street Address <b>671 Vivian Court</b>		Employer/Occupation/Labor Organization* <b>Porter Wright</b>		M   D   Y <b>0   9   2   3   0   8</b>	Amount <b>150.00</b>
City <b>Gahanna</b>		State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>John Gregory</b>				Registration Number, if PAC	
Street Address <b>624 Culpepper Drive</b>		Employer/Occupation/Labor Organization* <b>Teach Tech</b>		M   D   Y <b>0   9   2   3   0   8</b>	Amount <b>100.00</b>
City <b>Reynoldsburg</b>		State <b>O   H</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Kimberly Blackwell</b>				Registration Number, if PAC	
Street Address <b>1601 West Fifth Avenue, Suite 166</b>		Employer/Occupation/Labor Organization* <b>PMM-Agency, LLC</b>		M   D   Y <b>0   9   2   3   0   8</b>	Amount <b>75.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>John Sowers</b>				Registration Number, if PAC	
Street Address <b>446 Stanley Avenue</b>		Employer/Occupation/Labor Organization* <b>First Data Resources</b>		M   D   Y <b>0   9   2   3   0   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Lorraine Brock</b>				Registration Number, if PAC	
Street Address <b>809 Katherines Ridge Lane</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M   D   Y <b>0   9   2   3   0   8</b>	Amount <b>75.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Michael Council</b>				Registration Number, if PAC	
Street Address <b>108 Buttles Avenue</b>		Employer/Occupation/Labor Organization* <b>Real Estate Developer</b>		M   D   Y <b>0   9   2   3   0   8</b>	Amount <b>75.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>cash</b>	

\* 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 \$ 675.00