

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 Gailmarie Harris			Registration Number, if PAC	
Street Address 1620 East Broad Street, Suite 1608	Employer/Occupation/Labor Organization* COWIC		M D Y 1 0 0 1 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43203	Form (Cash, Check, etc) Money Order	
Full Name of Contributor Tracy Maxwell Heard			Registration Number, if PAC	
Street Address 2603 Burnaby Drive	Employer/Occupation/Labor Organization* Friends of Heard		M D Y 1 0 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Betty L. Howton			Registration Number, if PAC	
Street Address 1502 Millerdale Road	Employer/Occupation/Labor Organization* Protocol School of Cols		M D Y 1 0 0 1 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Kelli Arthur Hykes			Registration Number, if PAC	
Street Address 2661 Willow Glen Road	Employer/Occupation/Labor Organization* City of Columbus		M D Y 1 0 0 1 0 9	Amount 75.00
City Hilliard	State O H	Zip Code 43026	Form (Cash, Check, etc) Check	
Full Name of Contributor Donna James			Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 1040	Employer/Occupation/Labor Organization* Lardon & Associates		M D Y 1 0 0 1 0 9	Amount 300.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Gloria P. Jefferson			Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 1825	Employer/Occupation/Labor Organization* Unemployed		M D Y 1 0 0 1 0 9	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Gregory Jefferson			Registration Number, if PAC	
Street Address 5194 Horshoe Falls Drive	Employer/Occupation/Labor Organization* President/ CEO		M D Y 1 0 0 1 0 9	Amount 100.00
City Dublin	State O H	Zip Code 43016	Form (Cash, Check, etc) Cash	

* 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 \$ 875.00