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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				Registration Number, if PAC	
Michelle Heritage					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
967 S Cassingham	Pres-Cols Shelter Board		0	8	1
City	State	Zip Code			
Bexley	O H	43209			
			Form(Cash,Check,etc)		
			Check		
Full Name of Contributor				Registration Number, if PAC	
Thomas J Horan					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1300 Northwest Blvd Apt 401	Pres-CNHS		0	8	1
City	State	Zip Code			
Columbus	O H	43212			
			Form(Cash,Check,etc)		
			Check		
Full Name of Contributor				Registration Number, if PAC	
Charles L Wheeler					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
231 Summerfern Ln	President		0	8	1
City	State	Zip Code			
Columbus	O H	43213			
			Form(Cash,Check,etc)		
			Check		
Full Name of Contributor				Registration Number, if PAC	
Larry Price					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1587 Franklin Park S	Pres-Lprice & Assoc		0	8	1
City	State	Zip Code			
Columbus	O H	43205			
			Form(Cash,Check,etc)		
			Check		
Full Name of Contributor				Registration Number, if PAC	
Florence L Lathen-Harris					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
500 Ferncastle Dr	Vice President		0	8	1
City	State	Zip Code			
Downingtown	P A	19335			
			Form(Cash,Check,etc)		
			Check		
Full Name of Contributor				Registration Number, if PAC	
Daniel R Helmick					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2050 Ellington Rd	Attorney		0	8	0
City	State	Zip Code			
Columbus	O H	43221			
			Form(Cash,Check,etc)		
			Check		
Full Name of Contributor				Registration Number, if PAC	
William S Conner					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
55 E State St	President-CAPA		0	8	1
City	State	Zip Code			
Columbus	O 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 \$ 1,550.00