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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 LANITA C BONNER			Registration Number, if PAC			
Street Address 2090 LUBLIN DR	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 25.00
City REYNOLDSBURG	State O	Zip Code 43068	Form (Cash, Check, etc) CHECK			
Full Name of Contributor STEPHEN L MCINTOSH			Registration Number, if PAC			
Street Address 799 NOB HILL DR W	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 50.00
City GAHANNA	State O	Zip Code 43230	Form (Cash, Check, etc) CHECK			
Full Name of Contributor TIMOTHY J JOHNSON			Registration Number, if PAC			
Street Address 3381 QUAKER RD	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 50.00
City COLUMBUS	State O	Zip Code	Form (Cash, Check, etc) CHECK			
Full Name of Contributor JACK GREEN			Registration Number, if PAC			
Street Address 2223 VIBURNUM LANE	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 100.00
City COLUMBUS	State O	Zip Code 43235	Form (Cash, Check, etc) CHECK			
Full Name of Contributor SADIE COATES			Registration Number, if PAC			
Street Address 7029 BENNELL DR	Employer/Occupation/Labor Organization* PLUMB RIGHT, LTD		M 0	D 6	Y 2	Amount 100.00
City REYNOLDSBURG	State O	Zip Code 43068	Form (Cash, Check, etc) CHECK			
Full Name of Contributor CHERYL D EDWARDS			Registration Number, if PAC			
Street Address 4286 SECLUDEDWOOD CT	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 100.00
City GAHANNA	State O	Zip Code 43230	Form (Cash, Check, etc) CHECK			
Full Name of Contributor ORVELL JOHNS			Registration Number, if PAC			
Street Address 1856 OAK ST	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 250.00
City COLUMBUS	State O	Zip Code 43205	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 \$ 675.00