

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Friends of Ben Tyson - Cooper Hawk Event				
Full Name of Contributor			Registration Number, if PAC	
Sallie Gibson				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1067 Franklin Ave	Women to Women	0	9	2
City	State	Zip Code	Amount	
Columbus	OH	43205	100 ⁰⁰	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Jennifer Peterson				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2426 Southway Dr	Steiner Assoc	0	9	2
City	State	Zip Code	Amount	
Upper Arlington	OH	43221	100 ⁰⁰	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Tom Katzenmayer				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
448 N Nationwide Blvd Apt 401		0	9	2
City	State	Zip Code	Amount	
Columbus	OH	43215	500	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Terry Boyd				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
5646 Concord Hill Dr	Franklin University	0	9	2
City	State	Zip Code	Amount	
Columbus	OH	43219	250. ⁰⁰	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Steve Miller				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1241 Haddon Rd		0	9	2
City	State	Zip Code	Amount	
Columbus	OH	43209	100 ⁰⁰	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Lisa Hinson				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
7518 ODEN Woods		0	9	2
City	State	Zip Code	Amount	
New Albany	OH	43054	250 ⁰⁰	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Amount	
			1,300 ⁰⁰	
Form (Cash, Check, etc.)				

* 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 also 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

8,900⁰⁰

Total expenditures this event.

1,900

Page Total \$ 2,600