

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 Angela Mingo				Registration Number, if PAC			
Street Address 7485 Buld Ventures Ct		Employer/Occupation/Labor Organization* Children's Hospital		M 0	D 8	Y 3	Amount 50.00
City Lewis Center		State O	H H	Zip Code 43035		Form(Cash,Check,etc) check	
Full Name of Contributor Larry Price				Registration Number, if PAC			
Street Address 1587 Franklin Pk S		Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 3	Amount 50.00
City Columbus		State O	H H	Zip Code 43205		Form(Cash,Check,etc) check	
Full Name of Contributor Shinerr Parker				Registration Number, if PAC			
Street Address 1619 Penworth Dr		Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 3	Amount 50.00
City Columbus		State O	H H	Zip Code 43229		Form(Cash,Check,etc) check	
Full Name of Contributor Leslie Hawkins				Registration Number, if PAC			
Street Address 2563 Benjamin Dr		Employer/Occupation/Labor Organization* Ohio Health		M 0	D 8	Y 3	Amount 50.00
City Reynoldsburg		State O	H H	Zip Code 43068		Form(Cash,Check,etc) check	
Full Name of Contributor Michael McCord				Registration Number, if PAC			
Street Address 811 Strawberry Hill Rd W		Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 3	Amount 50.00
City Columbus		State O	H H	Zip Code 43213		Form(Cash,Check,etc) check	
Full Name of Contributor David Black				Registration Number, if PAC			
Street Address 3714 Seaford Dr		Employer/Occupation/Labor Organization* Fifth Third Bank		M 0	D 8	Y 3	Amount 50.00
City Columbus		State O	H H	Zip Code 43220		Form(Cash,Check,etc) check	
Full Name of Contributor Lester Wright				Registration Number, if PAC			
Street Address 2268 Liston		Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 3	Amount 200.00
City Columbus		State O	H H	Zip Code 43207		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 \$ 500.00