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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		
Amy Debra Klaben					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
238 North Cassaday Avenue		0	8	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Bexley	Oh	43209	Check		
Full Name of Contributor			Registration Number, if PAC		
Thomas J. Katzemeyer					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
448 West Nationwide Blvd., Apt. 401		0	8	2	500.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Karen S. Foley					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4898 Sharon Avenue		0	8	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43214	Check		
Full Name of Contributor			Registration Number, if PAC		
John William Tolbert					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
537 Strathshire Lane		0	8	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Gahanna	Oh	43230	Check		
Full Name of Contributor			Registration Number, if PAC		
Seleshi A. Asfaw					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
8318 Bedlington Drive		0	8	2	200.00
City	State	Zip Code	Form(Cash,Check,etc)		
Reynoldsburg	Oh	43068	Check		
Full Name of Contributor			Registration Number, if PAC		
Lorraine P. Brock					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
809 Katherines Ridge Lane		0	8	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43235	Check		
Full Name of Contributor			Registration Number, if PAC		
Paul H. Coleman					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1299 Haddon Road		0	8	2	250.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43209	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 \$ 1,350.00