

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 Lester Wright				Registration Number, if PAC			
Street Address 2268 Liston Avenue		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 2	Amount 75.00
City Columbus		State O	H H	Zip Code 43207		Form(Cash,Check,etc) check	
Full Name of Contributor Elizabeth Gaddis				Registration Number, if PAC			
Street Address 6213 Willowcrest Drive		Employer/Occupation/Labor Organization* Columbus City Schools		M 0	D 9	Y 2	Amount 75.00
City Columbus		State O	H H	Zip Code 43229		Form(Cash,Check,etc) check	
Full Name of Contributor Francine Ryan				Registration Number, if PAC			
Street Address 1452 Ironwood Drive		Employer/Occupation/Labor Organization* City of Columbus		M 0	D 9	Y 2	Amount 75.00
City Columbus		State O	H H	Zip Code 43229		Form(Cash,Check,etc) check	
Full Name of Contributor Sean Mentel				Registration Number, if PAC			
Street Address 175 South Third Street, Suite 800		Employer/Occupation/Labor Organization* Sean Mentel, LLC		M 0	D 9	Y 2	Amount 250.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Cecil Ahad				Registration Number, if PAC			
Street Address P.O. Box 83001		Employer/Occupation/Labor Organization* Morally Excellent Services		M 0	D 9	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43203		Form(Cash,Check,etc) check	
Full Name of Contributor Mark Wilson				Registration Number, if PAC			
Street Address 3500 Fairway Commons Drive		Employer/Occupation/Labor Organization* Blue, Wilson, & Blue		M 0	D 9	Y 2	Amount 100.00
City Hilliard		State O	H H	Zip Code 43026		Form(Cash,Check,etc) check	
Full Name of Contributor Steven Farrell				Registration Number, if PAC			
Street Address 8 East Broad Street, Suite 1001		Employer/Occupation/Labor Organization* Farrell Consulting		M 0	D 9	Y 2	Amount 150.00
City Columbus		State O	H H	Zip Code 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 \$ 775.00