

Event Date _____
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## Statement of Contributions Received at a Social or Fundraising Event

13

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Priscilla Tyson</b>							
Full Name of Contributor <b>Lynda S. Anderson</b>				Registration Number, if PAC			
Street Address <b>5247 Coopertree Lane</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	200.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Robert J. (Skip) Weiler, Jr.</b>				Registration Number, if PAC			
Street Address <b>10 North High Street, Suite 401</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	100.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>William Burgett</b>				Registration Number, if PAC			
Street Address <b>3680 Nicoya</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	1,000.00
City <b>Lewis Center</b>		State <b>Oh</b>	Zip Code <b>43035</b>	Form(Cash,Check,etc) <b>PayPal</b>			
Full Name of Contributor <b>Dan Frye</b>				Registration Number, if PAC			
Street Address <b>729 West Third Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	100.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>PayPal</b>			
Full Name of Contributor <b>Mark Milligan</b>				Registration Number, if PAC			
Street Address <b>1275 Fontaine</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	250.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Tanny Crane</b>				Registration Number, if PAC			
Street Address <b>3600 Kitzmiller Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3	500.00
City <b>New Albany</b>		State <b>Oh</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>PayPal</b>			
Full Name of Contributor <b>CWA Local 4502</b>				Registration Number, if PAC			
Street Address <b>620 East Broad Street, Suite 100</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	500.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			

\* 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 \$ 2,650.00