

Event Date	7/25/12
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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		Registration Number, if PAC	
Citizens for Priscilla Tyson			
Full Name of Contributor Lisa Liying Huang		Registration Number, if PAC	
Street Address 9332 Naples Lane	Employer/Occupation/Labor Organization* Advanced Engineering	M   D   Y 0   7   2   5   1   2	Amount 500.00
City Dublin	State   Zip Code O   H   43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Tobias A. Iloka		Registration Number, if PAC	
Street Address 6677 Spring Run Drive	Employer/Occupation/Labor Organization* Dynotec, Inc.	M   D   Y 0   7   2   6   1   2	Amount 300.00
City Westerville	State   Zip Code O   H   43082	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael J. Kenney		Registration Number, if PAC	
Street Address 250 Daniel Burnham Square, Ste 707	Employer/Occupation/Labor Organization* Preferred Real Estate	M   D   Y 0   7   2   0   1   2	Amount 500.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Nicholas I. King		Registration Number, if PAC	
Street Address 911 Augusta Glen Drive	Employer/Occupation/Labor Organization* Preferred Real Estate	M   D   Y 0   7   2   0   1   2	Amount 500.00
City Columbus	State   Zip Code O   H   43235	Form(Cash,Check,etc) Check	
Full Name of Contributor David McCuen		Registration Number, if PAC	
Street Address 1350 West Fifth Avenue, Ste 300	Employer/Occupation/Labor Organization* CMAGE/CWA Local 4502	M   D   Y 0   7   2   5   1   2	Amount 500.00
City Columbus	State   Zip Code O   H   43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen J. Morrison		Registration Number, if PAC	
Street Address 180 East Broad Street, 34th Floor	Employer/Occupation/Labor Organization* OhioHealth Star Corp	M   D   Y 0   7   2   5   1   2	Amount 500.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Kathleen P. Murphy		Registration Number, if PAC	
Street Address 2416 Southway Drive	Employer/Occupation/Labor Organization* MurphyEpson	M   D   Y 0   7   2   5   1   2	Amount 200.00
City Columbus	State   Zip Code O   H   43221	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

15,825.00
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Total expenditures this event

756.97
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Page Total \$ 3,000.00
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