

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizen for Priscilla Tyson				
Full Name of Contributor Veda C. Nami			Registration Number, if PAC	
Street Address 7271 Landon Lane	Employer/Occupation/Labor Organization* Unemployed		M 0 6 0 7 1 1	D Y Amount \$200.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ed Hogan			Registration Number, if PAC	
Street Address 33 North Third Street Suite 400	Employer/Occupation/Labor Organization* New Visions Group, LLC		M 0 6 1 5 1 1	D Y Amount \$100.00
City Columbus,	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy Debra Klaben			Registration Number, if PAC	
Street Address 238 N. Cassady Ave	Employer/Occupation/Labor Organization* Cols Housing Partnership		M 0 6 1 5 1 1	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Greta J. Russell			Registration Number, if PAC	
Street Address 674 Bellamy Place	Employer/Occupation/Labor Organization* The Ohio State University		M 0 6 1 5 1 1	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dawn Tyler Lee			Registration Number, if PAC	
Street Address 2574 Dover Road	Employer/Occupation/Labor Organization* The Ohio State University		M 0 6 1 5 1 1	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Milton D Baughman			Registration Number, if PAC	
Street Address 321 Sycamore Street	Employer/Occupation/Labor Organization* GCAC		M 0 6 1 5 1 1	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor John G. Alexander			Registration Number, if PAC	
Street Address 4837 Olentangy Blvd	Employer/Occupation/Labor Organization* Ameriprise		M 0 6 0 3 1 1	D Y Amount \$100.00
City	State OH	Zip Code 43214	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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 800.00