

Statement of Contributions Received at a Social or Fundraising Event

12

Prescribed by Secretary of State 3/05

| | | | | | |
|---|--|---|--------------------------|---|--------|
| Name of Committee in Full Citizens for Priscilla Tyson | | | | | |
| Full Name of Contributor Michelle Heritage | | | | Registration Number, if PAC | |
| Street Address 967 South Cassingham | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 9 0 8 1 5 | 100.00 |
| City Bexley | | State Oh | Zip Code 43209 | Form(Cash,Check,etc) PayPal | |
| Full Name of Contributor Mark Wood | | | | | |
| Street Address 939 North High Street, Suite 206 | | | | Registration Number, if PAC | |
| City Columbus | | State Oh | Zip Code 43201 | M D Y | Amount |
| | | | | 0 9 1 5 1 5 | 500.00 |
| City Columbus | | State Oh | Zip Code 43211 | Form(Cash,Check,etc) PayPal | |
| Full Name of Contributor Matarun D. Wright | | | | | |
| Street Address 897 East 11th Avenue | | | | Registration Number, if PAC | |
| City Columbus | | State Oh | Zip Code 43211 | M D Y | Amount |
| | | | | 0 8 2 7 1 5 | 500.00 |
| City Columbus | | State Oh | Zip Code 43211 | Form(Cash,Check,etc) PayPal | |
| Full Name of Contributor Robert Chilton | | | | | |
| Street Address 1003 Cloverly Drive | | | | Registration Number, if PAC | |
| City Gahanna | | State Oh | Zip Code 43230 | M D Y | Amount |
| | | | | 0 8 2 6 1 5 | 100.00 |
| City Gahanna | | State Oh | Zip Code 43230 | Form(Cash,Check,etc) PayPal | |
| Full Name of Contributor Duane Casares | | | | | |
| Street Address 112 Aldrich Road | | | | Registration Number, if PAC | |
| City Columbus | | State Oh | Zip Code 43214 | M D Y | Amount |
| | | | | 0 8 2 5 1 5 | 100.00 |
| City Columbus | | State Oh | Zip Code 43214 | Form(Cash,Check,etc) PayPal | |
| Full Name of Contributor Vorys, Sater, Seymour & Pease, LLP | | | | | |
| Street Address 52 East Gay Street | | | | Registration Number, if PAC OH109 | |
| City Columbus | | State Oh | Zip Code 43215 | M D Y | Amount |
| | | | | 0 8 2 7 1 5 | 500.00 |
| City Columbus | | State Oh | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor OhioHealth Star Corp. Political Action Committee | | | | | |
| Street Address 180 East Broad Street, 34th Floor | | | | Registration Number, if PAC | |
| City Columbus | | State Oh | Zip Code 43215 | M D Y | Amount |
| | | | | 0 8 1 4 1 5 | 250.00 |
| City Columbus | | State Oh | 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 \$ 2,050.00