

# Statement of Contributions Received

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZENS FOR PRISCILLA TYSON</b>							
Full Name of Contributor <b>Sameerah Salahuddin</b>				Registration Number, if PAC			
Street Address <b>5982 Leafridge Ln</b>		Employer/Occupation/Labor Organization* <b>Realtor</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>20.00</b>
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Martin A Rutland</b>				Registration Number, if PAC			
Street Address <b>545 Camden</b>		Employer/Occupation/Labor Organization* <b>Realtor</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>Cincinnati</b>		State <b>O</b>	Zip Code <b>45229</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Veronica Stanley</b>				Registration Number, if PAC			
Street Address <b>P O Box 1471</b>		Employer/Occupation/Labor Organization* <b>Realtor</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>Reynoldsburg</b>		State <b>O</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Tressa Brinkley</b>				Registration Number, if PAC			
Street Address <b>5937 Effingham Rd</b>		Employer/Occupation/Labor Organization* <b>Realtor</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>30.00</b>
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Coutanya Coombs</b>				Registration Number, if PAC			
Street Address <b>637 Lookout Ridge Dr</b>		Employer/Occupation/Labor Organization* <b>Realtor</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>Westerville</b>		State <b>O</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* 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

125.00
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Total expenditures this event

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Page Total \$ 125.00