

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON							
Full Name of Contributor Marilyn Branch				Registration Number, if PAC			
Street Address 2743 Burnaby Dr		Employer/Occupation/Labor Organization* Medco		M 0	D 8	Y 3	Amount 100.00
City Columbus	State O	H H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Vicki Potts				Registration Number, if PAC			
Street Address 5770 Midleby Dr		Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 2	Amount 50.00
City Hilliard	State O	H H	Zip Code 43026	Form(Cash,Check,etc) check			
Full Name of Contributor Chester Christie				Registration Number, if PAC			
Street Address 1344 Eldorn Dr		Employer/Occupation/Labor Organization* City of Columbus		M 0	D 8	Y 3	Amount 50.00
City Columbus	State O	H H	Zip Code 43207	Form(Cash,Check,etc) check			
Full Name of Contributor Dorothy Jones				Registration Number, if PAC			
Street Address 7099 Addington Rd		Employer/Occupation/Labor Organization* Podiatrist		M 0	D 8	Y 3	Amount 100.00
City New Albany	State O	H H	Zip Code 43054	Form(Cash,Check,etc) check			
Full Name of Contributor Richard Pfeiffer Jr				Registration Number, if PAC			
Street Address 238 e Royal Forest Blvd		Employer/Occupation/Labor Organization* City Attorney		M 0	D 8	Y 3	Amount 200.00
City Columbus	State O	H H	Zip Code 43214	Form(Cash,Check,etc) check			
Full Name of Contributor Jesse Hemphill				Registration Number, if PAC			
Street Address 471 E Broad St Ste 1300		Employer/Occupation/Labor Organization* CPA		M 0	D 8	Y 3	Amount 50.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Cynthia Johnson				Registration Number, if PAC			
Street Address 4560 D Lakeside N		Employer/Occupation/Labor Organization* Ako Kambon		M 0	D 8	Y 3	Amount 50.00
City Columbus	State O	H H	Zip Code 43232	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

Total expenditures this event

Page Total \$ 600.00