

14

Event Date	08/09/07
Page	3

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full								
CITIZEN FOR PRISCILLA TYSON								
Full Name of Contributor		Registration Number, if PAC						
Carl Williams								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
5192 Upland Meadow Dr	City Council	0	8	0	9	0	7	200.00
City	State	Zip Code	Form(Cash,Check,etc)					
Canal Winchester	O H	43110	check					
Full Name of Contributor		Registration Number, if PAC						
Olivia Johnson								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
2046 Willow Glen Ln	Nationwide Insurance	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O H	43229	check					
Full Name of Contributor		Registration Number, if PAC						
Debby Stokes								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
5307 Ruth Amy Ave	Retired	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Westerville	O H	43081	check					
Full Name of Contributor		Registration Number, if PAC						
Kathleen Murphy								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
151 E Nationwide Blvd	Murphy Epsom	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O H	43215	check					
Full Name of Contributor		Registration Number, if PAC						
Angela Pogue								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1238 Park Dr	Cols Medical Assoc.	0	8	0	9	0	7	25.00
City	State	Zip Code	Form(Cash,Check,etc)					
Gahanna	O H	43230	check					
Full Name of Contributor		Registration Number, if PAC						
Amy Klaben								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
238 N Cassady	Cols Housing Partnership	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Bexley	O H	43209	check					
Full Name of Contributor		Registration Number, if PAC						
Nisource Pac		C00051979						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
200 Civic Center Dr	Columbia Gas	0	8	0	9	0	7	250.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O H	43215	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 \$ 675.00