

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 DEBORAH LYNN KLIE			Registration Number, if PAC	
Street Address 2087 INCHCLIFF ROAD	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 1 1 1 3	Amount 125.00
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor LONNIE MILES			Registration Number, if PAC	
Street Address P O BOX 834	Employer/Occupation/Labor Organization* MILES MCCLELLAN		M D Y 0 7 1 1 1 3	Amount 500.00
City WORTHINGTON	State O H	Zip Code 43085	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARK WOOD			Registration Number, if PAC	
Street Address 21 W HUBBARD AVE	Employer/Occupation/Labor Organization* DEVELOPER		M D Y 0 7 1 1 1 3	Amount 250.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MAUDE H HILL			Registration Number, if PAC	
Street Address 12171 DERBY CT NW	Employer/Occupation/Labor Organization* COLS HOUSING PARTNE		M D Y 0 7 1 1 1 3	Amount 125.00
City PICKERINGTON	State O H	Zip Code 43147	Form(Cash,Check,etc) CHECK	
Full Name of Contributor YUNG C LU			Registration Number, if PAC	
Street Address 1881 BRANDYWINE DRIVE	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 0 9 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43220	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JAYNE VANDERBURG			Registration Number, if PAC	
Street Address 4655 RUSTIC BRIDGE RD	Employer/Occupation/Labor Organization* DESIGNER		M D Y 0 7 1 1 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK	
Full Name of Contributor FLORENCE LATHEN-HARRIS			Registration Number, if PAC	
Street Address 79 PARK FRONT CT	Employer/Occupation/Labor Organization* NATIONWIDE		M D Y 0 7 1 1 1 3	Amount 250.00
City COLUMBUS	State O H	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 \$ 1,450.00