

Event Date	_____
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## Statement of Contributions Received at a Social or Fundraising Event

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Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Priscilla Tyson</b>					
Full Name of Contributor <b>Deborah Lynn Klie</b>				Registration Number, if PAC	
Street Address <b>2087 Inchcliff Road</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43221</b>	Y <b>2</b>	Amount <b>125.00</b>
				Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Gary L. Baker, II</b>					
Street Address <b>2142 Staghorn Way</b>				Registration Number, if PAC	
City <b>Grove City</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
State <b>Oh</b>		Zip Code <b>43123</b>		Y <b>2</b>	Amount <b>100.00</b>
				Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Steven D. Gladman</b>					
Street Address <b>110 North 17th Street</b>				Registration Number, if PAC	
City <b>Columbus</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
State <b>Oh</b>		Zip Code <b>43203</b>		Y <b>2</b>	Amount <b>100.00</b>
				Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Karla R. Rothan</b>					
Street Address <b>110 West 1st Avenue</b>				Registration Number, if PAC	
City <b>Columbus</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
State <b>Oh</b>		Zip Code <b>43201</b>		Y <b>2</b>	Amount <b>100.00</b>
				Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Eric Karolak</b>					
Street Address <b>26938 Glenside Court</b>				Registration Number, if PAC	
City <b>Olmstead Falls</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
State <b>Oh</b>		Zip Code <b>44138</b>		Y <b>2</b>	Amount <b>100.00</b>
				Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Jerry Saunders</b>					
Street Address <b>13367 Calhoun Court</b>				Registration Number, if PAC	
City <b>Pickerington</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
State <b>Oh</b>		Zip Code <b>43147</b>		Y <b>2</b>	Amount <b>200.00</b>
				Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Ann McKinnon Seren</b>					
Street Address <b>642 Enfield Road</b>				Registration Number, if PAC	
City <b>Columbus</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>
State <b>Oh</b>		Zip Code <b>43209</b>		Y <b>2</b>	Amount <b>100.00</b>
				Form(Cash, Check, etc) <b>Check</b>	

\* 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 \$ 825.00