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## 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>ROBERT J MORJE</b>				Registration Number, if PAC	
Street Address <b>906 E BROAD STREET</b>		Employer/Occupation/Labor Organization* <b>THOMAS EVAN MORGAN</b>		M <b>0</b>   <b>6</b>   <b>0</b>   <b>8</b>   <b>0</b>   <b>7</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>H LEE THOMPSON</b>				Registration Number, if PAC	
Street Address <b>85 EAST GAY STREET, #810</b>		Employer/Occupation/Labor Organization*		M <b>0</b>   <b>6</b>   <b>1</b>   <b>1</b>   <b>0</b>   <b>7</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>PATSY A THOMAS</b>				Registration Number, if PAC	
Street Address <b>41 S HIGH ST, #2600</b>		Employer/Occupation/Labor Organization* <b>FRIENDS OF PATSY THOMAS</b>		M <b>0</b>   <b>5</b>   <b>2</b>   <b>8</b>   <b>0</b>   <b>7</b>	Amount <b>1,000.00</b>
City <b>COLUJBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>E DIANNE MCLINN</b>				Registration Number, if PAC	
Street Address <b>3197 CANNOCK LAND</b>		Employer/Occupation/Labor Organization*		M <b>0</b>   <b>6</b>   <b>0</b>   <b>3</b>   <b>0</b>   <b>7</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>ISAIAH MCCRARY</b>				Registration Number, if PAC	
Street Address <b>2469 BROOKWOOD RD</b>		Employer/Occupation/Labor Organization*		M <b>0</b>   <b>6</b>   <b>1</b>   <b>9</b>   <b>0</b>   <b>7</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>BARBARA BAYLESS</b>				Registration Number, if PAC	
Street Address <b>4812 CRAZYHORSE LAND</b>		Employer/Occupation/Labor Organization*		M <b>0</b>   <b>6</b>   <b>1</b>   <b>9</b>   <b>0</b>   <b>7</b>	Amount <b>25.00</b>
City <b>WESTERVILLE</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>PHILIP T DANIEL</b>				Registration Number, if PAC	
Street Address <b>8161 FLINT RD</b>		Employer/Occupation/Labor Organization*		M <b>0</b>   <b>6</b>   <b>1</b>   <b>9</b>   <b>0</b>   <b>7</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43235</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 \$ 1,375.00