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Event Date	10/04/07
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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 CITIZENS FOR PRISCILLA TYSON							
Full Name of Contributor Marilyn Harris				Registration Number, if PAC			
Street Address 5257 Courtney Pl		Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43235	Form (Cash, Check, etc) check			
Full Name of Contributor Robert Falcone				Registration Number, if PAC			
Street Address 150 Lafayette		Employer/Occupation/Labor Organization* Physician		M 1	D 0	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form (Cash, Check, etc) check			
Full Name of Contributor Mary Lazarus				Registration Number, if PAC			
Street Address 2094 Parkhill Dr		Employer/Occupation/Labor Organization* Homemaker		M 1	D 0	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43209	Form (Cash, Check, etc) check			
Full Name of Contributor Paige Crane				Registration Number, if PAC			
Street Address 19 N Drexel Ave		Employer/Occupation/Labor Organization* Homemaker		M 1	D 0	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43209	Form (Cash, Check, etc) check			
Full Name of Contributor Kathy Sullivan				Registration Number, if PAC			
Street Address 795 Oak Trace		Employer/Occupation/Labor Organization* Educator		M 1	D 0	Y 4	Amount 200.00
City Columbus	State O	H H	Zip Code 43235	Form (Cash, Check, etc) check			
Full Name of Contributor Kathy Espy				Registration Number, if PAC			
Street Address 1350 Brookwood		Employer/Occupation/Labor Organization* College Administrator		M 1	D 0	Y 4	Amount 100.00
City Columbus	State O	H H	Zip Code 43209	Form (Cash, Check, etc) check			
Full Name of Contributor Loann Crane				Registration Number, if PAC			
Street Address 1 Miranova Pl Ste 515		Employer/Occupation/Labor Organization* Homemaker		M 1	D 0	Y 4	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	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 \$ 750.00