

8

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 Mark Wagenbrenner			Registration Number, if PAC		
Street Address 2255 Tremont Rd	Employer/Occupation/Labor Organization* Pres-Wagenbrenner Develo		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Jesse M Hemphill			Registration Number, if PAC		
Street Address 4724 Carriage Dr	Employer/Occupation/Labor Organization* Pres-Hemphill & Assoc		M 0	D 8	Y 14
City Mason	State OH	Zip Code 45040	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Lonnie Miles			Registration Number, if PAC		
Street Address P.O. Box 834	Employer/Occupation/Labor Organization* Miles McClellan		M 0	D 8	Y 14
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Laura Macgregor Comek			Registration Number, if PAC		
Street Address 7983 Luckstone Dr	Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Delores S Hill			Registration Number, if PAC		
Street Address 6342 Birkewood St	Employer/Occupation/Labor Organization* Teacher		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Lawrence B Stewart, Jr			Registration Number, if PAC		
Street Address 6108 Sharon Woods Blvd	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Amy Klaben			Registration Number, if PAC		
Street Address 238 N Cassady Ave	Employer/Occupation/Labor Organization* President-Homeport		M 0	D 8	Y 14
City Bexley	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 1,200.00