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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 Seleshi Asfaw				Registration Number, if PAC	
Street Address 8318 Bedlington Dr	Employer/Occupation/Labor Organization* Ethiopian Tewahedo Social		M 0	D 8	Y 14
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc) PayPal		Amount 250.00
Full Name of Contributor Mark Wood				Registration Number, if PAC	
Street Address 939 N High St Ste 206	Employer/Occupation/Labor Organization* Pres-Wood Companies		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc) PayPal		Amount 250.00
Full Name of Contributor Anthony Penn				Registration Number, if PAC	
Street Address 1370 Erickson Rd	Employer/Occupation/Labor Organization* Community Housing Netw		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc) PayPal		Amount 100.00
Full Name of Contributor Dan Frve				Registration Number, if PAC	
Street Address 729 W Third St	Employer/Occupation/Labor Organization* Realtor		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) PayPal		Amount 100.00
Full Name of Contributor Mo Dioun				Registration Number, if PAC	
Street Address 6965 Clivdon Mews	Employer/Occupation/Labor Organization* Pres-Stonehenge		M 0	D 8	Y 14
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc) PayPal		Amount 250.00
Full Name of Contributor Barbara Nicholson				Registration Number, if PAC	
Street Address 2398 Beverly Pl	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc) PayPal		Amount 50.00
Full Name of Contributor Dannette Palmore				Registration Number, if PAC	
Street Address 155 W Main St	Employer/Occupation/Labor Organization* Consultant		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc)		Amount 50.00

* 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

26,825.00

Total expenditures this event

5,413.00

Page Total \$ 1,050.00