31-E R.C. 3517.10(B)

Event Date	08/30/07
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05				<u> </u>	
Name of Committee in Full							
CITIZENS FOR PRISCILLA TYSO	N						
Full Name of Contributor			Registra	tion Nurr	ber, if PA	С	
Anthony Sharett			M		1 57 1		
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount	250.00
8726 Kingsley Dr	Attorne		0 8	3 0 ash,Check	0 7		350.00
City	State	Zip Code 43068		checl			
Reynoldsburg Full Name of Contributor	O H	43000			ber, if PA	C	
			Registra	uon run	ioci, ii i A	C	
Wayne Wright Street Address	Ermlover/Occur	action/Labor Organization*	М	D	Y	Amount	
	AEP	Employer/Occupation/Labor Organization*		3 0		, inount	50.00
971 Studer Ave	State	Zip Code	Form(C	ash,Chec	k.etc)		00.00
^{City} Columbus	I O I H	43206		chec			
Full Name of Contributor	[() 11	40200			iber, if PA	C	
Theodore Scott					,		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			Y	Amount	
1076 Marland Dr N	1 1 1	Attorney			0 7		100.00
City	State			0 8 2 2 0 7 100.0			
Columbus	$O \mid H$	43224		chec			
Full Name of Contributor			Registra	_	nber, if PA	.C	
Janie Bailey							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount	
1515 E Broad St	CEO			3 0	0 7		25.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43205	check				
Full Name of Contributor			Registra	tion Nur	nber, if PA	.C	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	ation Nur	nber, if PA	ıC.	
					T	T	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
		Tr: 0.1	F(C	la a h Chan	14-)		
City	State	Zip Code	Form(C	ash,Chec	ek,etc)		
			Dagista	ation Nur	nber, if PA	C	
Full Name of Contributor			Kegistr	auon Nui	noei, ii r		
	Emmloyar/Ocay	metion/Labor Organization*	М	D	Y	Amount	
Street Address	EmployenOcci	Employer/Occupation/Labor Organization*			1 1	Allouit	
a:	State	Zip Code	Form(C	ash,Chec	k etc)		
City	State	Lip Code	1.011140	, 01100	,,		
equired for contributions from individuals over \$100 to statewide	and general assembly can	didates. If contributor is self-em	ployed, the	occupatio	on and the	name of the	
ividual's business, if any, rather than employer should be listed. If	two or more employees co	ontribute via payroll deduction a	ind exceed t	he aggres	gate of \$10	0, the labor	
anization of which the employees are members, if any, must appea				50 -6	-		
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 \$	525.00
1.625.00	70.00		