

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 THOMAS KATZENMEYER			Registration Number, if PAC	
Street Address 448 W NATIONWIDE BLVD	Employer/Occupation/Labor Organization* EXEC DIR-GCAC		M D Y 0 7 0 8 1 3	Amount 500.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor ROBERT E CHILTON			Registration Number, if PAC	
Street Address 1003 CLOVERLY DRIVE	Employer/Occupation/Labor Organization* EXEC. DIR-IMPACT		M D Y 0 7 1 1 1 3	Amount 100.00
City GAHANNA	State O H	Zip Code 43230	Form (Cash, Check, etc) CHECK	
Full Name of Contributor Y C. HUNNICUTT			Registration Number, if PAC	
Street Address 367 HITHER CREEK LANE	Employer/Occupation/Labor Organization* EXEC DIR-HSC		M D Y 0 7 1 1 1 3	Amount 50.00
City REYNOLDSBURG	State O H	Zip Code 43068	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOHN PARMS			Registration Number, if PAC	
Street Address 6910 CUNNINGHAM DRIVE	Employer/Occupation/Labor Organization* CPA		M D Y 0 7 1 1 1 3	Amount 250.00
City NEW ALBANY	State O H	Zip Code 43054	Form (Cash, Check, etc) CHECK	
Full Name of Contributor KATHLEEN MURPHY			Registration Number, if PAC	
Street Address 2416 SOUTHWAY DR	Employer/Occupation/Labor Organization* MURPHY EPSON		M D Y 0 7 1 1 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43221	Form (Cash, Check, etc) CHECK	
Full Name of Contributor MICHAEL SEXTON			Registration Number, if PAC	
Street Address 984 HIGHLAND STREET	Employer/Occupation/Labor Organization* CITY OF COLUMBUS		M D Y 0 7 0 9 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43201	Form (Cash, Check, etc) CHECK	
Full Name of Contributor CHERYL PENTELLA			Registration Number, if PAC	
Street Address 121 THURMAN AVENUE	Employer/Occupation/Labor Organization* DIRECTOR		M D Y 0 7 1 1 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43206	Form (Cash, Check, etc) CASH	

* 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