

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZEN FOR PRISCILLA TYSON</b>							
Full Name of Contributor <b>Dianne Radigan</b>					Registration Number, if PAC		
Street Address <b>900 Eastchester Drive</b>		Employer/Occupation/Labor Organization* <b>Children's Hunger Alliance</b>		M <b>0</b>	D <b>8</b>	Y <b>09</b>	Amount <b>50.00</b>
City <b>Gahanna</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43230</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Frieda Gilyard</b>					Registration Number, if PAC		
Street Address <b>1380 S Roosevelt Ave</b>		Employer/Occupation/Labor Organization* <b>Central Ohio Trauma</b>		M <b>0</b>	D <b>8</b>	Y <b>09</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Carla Hayden</b>					Registration Number, if PAC		
Street Address <b>7664 Hidden Hollow Dr</b>		Employer/Occupation/Labor Organization* <b>Cols Public Health Dept.</b>		M <b>0</b>	D <b>8</b>	Y <b>09</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43235</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Mia Hairston</b>					Registration Number, if PAC		
Street Address <b>1969 Haverton</b>		Employer/Occupation/Labor Organization* <b>Nationwide Insurance</b>		M <b>0</b>	D <b>8</b>	Y <b>09</b>	Amount <b>50.00</b>
City <b>Reynoldsburg</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43068</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Dawn Tyler Lee</b>					Registration Number, if PAC		
Street Address <b>2574 Dover Rd</b>		Employer/Occupation/Labor Organization* <b>OSU</b>		M <b>0</b>	D <b>8</b>	Y <b>09</b>	Amount <b>50.00</b>
City <b>Columbuus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Janel Perry</b>					Registration Number, if PAC		
Street Address <b>4290 Karl Road</b>		Employer/Occupation/Labor Organization* <b>Media Consultant</b>		M <b>0</b>	D <b>8</b>	Y <b>09</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43224</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Debra Moore</b>					Registration Number, if PAC		
Street Address <b>2984 Cordella St</b>		Employer/Occupation/Labor Organization* <b>National City Bank</b>		M <b>0</b>	D <b>8</b>	Y <b>09</b>	Amount <b>50.00</b>
City <b>Blacklick</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43004</b>		Form(Cash,Check,etc) <b>check</b>	

\* 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 \$ 350.00