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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 PHILICIA PEGRAM				Registration Number, if PAC	
Street Address 1139 BERNHARD RD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43227	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor SHIRRI A WRIGHT-CONNOR				Registration Number, if PAC	
Street Address 271 TALLOWWOOD DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City WESTERVILLE	State OH	Zip Code 43081	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor DONNA A JAMES				Registration Number, if PAC	
Street Address ONE MIRANOVA PLACE, 1040	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor ANDREW O ERIBO				Registration Number, if PAC	
Street Address 4636 CARRINGTON WAY	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City HILLIARD	State OH	Zip Code 43026	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor AFRAM MUSICAL HERTIAGE				Registration Number, if PAC	
Street Address 46 N OHIO AVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43203	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor RHETT C RICART				Registration Number, if PAC	
Street Address P.O. BOX 27130	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43227	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor EDWIN B HOGAN				Registration Number, if PAC	
Street Address 2727 MITZI DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43209	Form(Cash,Check,etc) CHECK		Amount 250.00

* 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 \$ 1,350.00