

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 Jessica Hicks				Registration Number, if PAC			
Street Address 475 Jessing Trail		Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor Sarah Bland				Registration Number, if PAC			
Street Address 1833 Franklin Park S		Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount 25.00
City Columbus		State O	H H	Zip Code 43205		Form(Cash,Check,etc) check	
Full Name of Contributor Christine Sowell				Registration Number, if PAC			
Street Address 4702 Collingville Way		Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount 60.00
City Gahanna		State O	H H	Zip Code 43230		Form(Cash,Check,etc) check	
Full Name of Contributor Nannete Reynolds				Registration Number, if PAC			
Street Address 7671 Fenway Rd		Employer/Occupation/Labor Organization* Reynolds Event		M 0	D 8	Y 2	Amount 50.00
City New Albany		State O	H H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Glenna Watson				Registration Number, if PAC			
Street Address 2508 Schaaf Dr		Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Phenon Kincaid				Registration Number, if PAC			
Street Address 465 S Parkview Ave Apt 34		Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43209		Form(Cash,Check,etc)	
Full Name of Contributor Sarah Cole				Registration Number, if PAC			
Street Address 170 Cameron Ridge Dr		Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2	Amount 25.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc)	

* 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 \$ 310.00