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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 June K. Gutterman			Registration Number, if PAC			
Street Address 7995 Bluefield Street	Employer/Occupation/Labor Organization* Jewish Family Services		M 0	D 8	Y 14	Amount 100.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc) Check			
Full Name of Contributor Frances Curtis Frazier			Registration Number, if PAC			
Street Address 3466 Bolton Ave	Employer/Occupation/Labor Organization* Consultant		M 0	D 8	Y 14	Amount 100.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc) Check			
Full Name of Contributor Tobias A Iloka			Registration Number, if PAC			
Street Address 6677 Spring Run Dr	Employer/Occupation/Labor Organization* Engineer		M 0	D 8	Y 14	Amount 300.00
City Westerville,	State OH	Zip Code 43082	Form (Cash, Check, etc) Check			
Full Name of Contributor Derrick Clay			Registration Number, if PAC			
Street Address 33 N Third St Suite 400	Employer/Occupation/Labor Organization* New Visions Group LLC		M 0	D 8	Y 14	Amount 250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check			
Full Name of Contributor Michael S Schiff			Registration Number, if PAC			
Street Address 400 S Parkview Ave	Employer/Occupation/Labor Organization* Schiff Capital Group		M 0	D 8	Y 14	Amount 250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc) Check			
Full Name of Contributor Shawn Holt			Registration Number, if PAC			
Street Address 5061 Blackstone Edge Dr	Employer/Occupation/Labor Organization* Dir-St. Vincent Family Ctr		M 0	D 8	Y 17	Amount 100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc) Check			
Full Name of Contributor Michael McCord			Registration Number, if PAC			
Street Address 811 Strawberry Hill Rd W	Employer/Occupation/Labor Organization* Attorney		M 00	D 8	Y 14	Amount 100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc) Check			

* 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