

15

Event Date	08/09/07
Page	4

## 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		Registration Number, if PAC						
Darlene Britford								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
5000 Birch Grove Dr	State Of Ohio	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Groveport	O   H	43125	check					
Full Name of Contributor		Registration Number, if PAC						
Kimberly Blackwell								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1601 W 5th Ave	PMM Agency	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O   H	43212	check					
Full Name of Contributor		Registration Number, if PAC						
Betty Howton								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1502 Millerdale Rd	The Heritage	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O   H	43209	check					
Full Name of Contributor		Registration Number, if PAC						
Namara Dafney								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
8316 Carano Way	Nationwide Insurance	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O   H	43240	check					
Full Name of Contributor		Registration Number, if PAC						
Jacquelin Holland								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
183 Trails End	OSU Medical Center	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Westerville	O   H	43082	check					
Full Name of Contributor		Registration Number, if PAC						
Mary Flint								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1593 Foxhall Rd	AEP	0	8	0	9	0	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)					
Blacklick	O   H	43004	check					
Full Name of Contributor		Registration Number, if PAC						
Kim Knights								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1222 Littlejohn Dr	COMBA	0	8	0	9	0	7	100.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O   H	43227	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

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Total expenditures this event

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Page Total \$ 400.00