31-E
R.C. 3517.10(B)

Event Date _____
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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			Registration Number, if PAC		
Wayne A. Garland, Jr.					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
Post Office Box 8310			0 8 1 1 1 5		200.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43201	Check		
Full Name of Contributor			Registration Number, if PAC		
Tracie Bateman					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
6526 Montgomery Road			0 8 1 2 1 5		25.00
City	State	Zip Code	Form(Cash,Check,etc)		
Cincinnati	Oh	45231	Check		
Full Name of Contributor			Registration Number, if PAC		
Veda C. Nami					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
141 Keswick Drive			0 8 1 2 1 5		250.00
City	State	Zip Code	Form(Cash,Check,etc)		
New Albany	Oh	43054	Check		
Full Name of Contributor			Registration Number, if PAC		
Gloria C. Letts					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
6120 Nicholas Glenn			0 8 1 4 1 5		100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43213	Check		
Full Name of Contributor			Registration Number, if PAC		
Noel C. Johnson					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
233 Martin Luther King Jr. Blvd			0 8 1 6 1 5		100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43203	Check		
Full Name of Contributor			Registration Number, if PAC		
Robert Edward Falcone					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
150 East Lafayette Street			0 8 1 6 1 5		250.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Robert J. Weiler					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
10 North High Street, Suite 401			0 8 1 7 1 5		250.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43215	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 $ 1,175.00