3	1-	E
R	C.	3517.10(B)

Event Date	
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05			
Name of Committee in Full					
Citizens for Priscilla Tyson					
Full Name of Contributor			Registration Number, if PAC		
John Parms					
Street Address	Employer/Occupation/Labor Organization*			nount	
6186 Kinver Edge Way			0 8 2 1 1 5	250.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43213	Check		
Full Name of Contributor			Registration Number, if PAC		
Bruce A. Harkey					
Street Address	Employer/Occupation/Labor Organization*			nount	
26 Brevoort Road			0 8 2 7 1 5	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43214	Check		
Full Name of Contributor			Registration Number, if PAC		
Antoinette F. Wilson					
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Aπ	nount	
350 Fairway Commons Drive			0 8 2 7 1 5	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Hilliard	Oh	43026	Check		
Full Name of Contributor		1	Registration Number, if PAC		
Jo Ann Youngs					
Street Address	Employer/Occupation/Labor Organization*		M D Y An	nount	
1585 Oakwood Avenue			0 8 2 7 1 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	Oh	43213	Check		
Full Name of Contributor	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Registration Number, if PAC		
Jay W. Shutt					
Street Address	Employer/Occu	pation/Labor Organization*	M D Y An	nount	
475 Landings Loop, West			0 8 2 7 1 5	250.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Westerville	Oh !	443082	Check		
Full Name of Contributor	1 (71)		Registration Number, if PAC		
Lester F. Wright					
Street Address	Employer/Occupation/Labor Organization*		M D Y An	nount	
2268 Liston Avenue			0 8 1 2 1 5	100.00	
City	State	Zip Code	Fonn(Cash,Check,etc)		
Columbus	Oh	43207	Check		
Full Name of Contributor	1 (711 :	10-07	Registration Number, if PAC	•	
Betty L. Howton					
Street Address	Employer/Occupation/Labor Organization*		M D Y An	nount	
1502 Millerdale Road			0 8 2 7 1 5	100.00	
City	State	Zip Code	Form(Cash,Check,etc)	100.00	
Columbus	Oh L	43209	Check		
Columbus		10407	CITCH		

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 t	this event	
		Page Total \$	950.00
I			

^{*} 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, $[R.C.\ 3517.10(B)(4)]$