

Event Date	10/13/07
Page	2

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 Christie Angel				Registration Number, if PAC	
Street Address 206 E Beck St	Employer/Occupation/Labor Organization* Sean Dunn & Assoc		M 1	D 0	Y 13
City Columbus	State O	Zip Code H 43206	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Victoria Troy				Registration Number, if PAC	
Street Address 10350 Widdington Close	Employer/Occupation/Labor Organization* Homemaker		M 1	D 0	Y 16
City Powell	State O	Zip Code H 43065	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor United for Health Pac				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 1	D 0	Y 16
City	State	Zip Code	Form(Cash,Check,etc)		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

800.00

Total expenditures this event

--

Page Total \$ 400.00