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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 FOP POLICITAL EDUCATION FUND				Registration Number, if PAC	
Street Address 6800 SCHROCK HILL CT	Employer/Occupation/Labor Organization* LABOR UNION		M 0	D 7	Y 13
City COLUMBUS	State OH	Zip Code 43229	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor AL EDMONDSON				Registration Number, if PAC	
Street Address 346 N 20TH STREET	Employer/Occupation/Labor Organization* A CUT ABOVE THE REST		M 0	D 7	Y 13
City COLUMBUS	State OH	Zip Code 43203	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor PAMELA MCCARTHY				Registration Number, if PAC	
Street Address 566 MELROSE AVE	Employer/Occupation/Labor Organization* OWNER		M 0	D 7	Y 13
City COLUMBUS	State OH	Zip Code 43202	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor MICHAEL BROWN, JR				Registration Number, if PAC	
Street Address 60 E SPRING ST	Employer/Occupation/Labor Organization* HARMONY CREATIVE		M 0	D 8	Y 13
City COLUMBUS	State OH	Zip Code 43206	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor JEFFREY W EDWARDS				Registration Number, if PAC	
Street Address 495 S HIGH STREET STE 150	Employer/Occupation/Labor Organization* OWNER		M 0	D 7	Y 13
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor COLS/CENTRAL OHIO BUILDING TRADES EDU FUND				Registration Number, if PAC 6131	
Street Address 555 E. RICH STREET	Employer/Occupation/Labor Organization* LABOR UNION		M 0	D 7	Y 13
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor IBEW PAC VOLUNTARY FUND				Registration Number, if PAC	
Street Address 900 SEVENTH STREET N W	Employer/Occupation/Labor Organization* LABOR UNION		M 0	D 7	Y 13
City WASHINGTON	State DC	Zip Code 20001	Form(Cash,Check,etc) CHECK		Amount 500.00

* 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

16,550.00

Total expenditures this event

4,000.17

Page Total \$ 2,050.00