

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 Charlotte Rhea				Registration Number, if PAC			
Street Address 1276 Easthill Dr		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0	Amount 50.00
City Columbus		State O	H H	Zip Code 43213		Form(Cash,Check,etc) check	
Full Name of Contributor Sandra Boykin				Registration Number, if PAC			
Street Address 1331 E Gates St		Employer/Occupation/Labor Organization* Retired		M 0	D 90	Y 0	Amount 15.00
City Columbus		State O	H H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor Mary Evans				Registration Number, if PAC			
Street Address 2441 Narchez Dr		Employer/Occupation/Labor Organization* Afr-Am Cancer Support		M 0	D 9	Y 0	Amount 25.00
City Columbus		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Theresa Barnes				Registration Number, if PAC			
Street Address 7772 Jefferson Run Dr		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0	Amount 15.00
City Columbus		State O	H H	Zip Code 43004		Form(Cash,Check,etc) check	
Full Name of Contributor Joyce Clark				Registration Number, if PAC			
Street Address 2815 Scottwood Rd		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0	Amount 25.00
City Columbus		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Connie Boykin				Registration Number, if PAC			
Street Address 1331 E Gates St		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0	Amount 50.00
City Columbus		State O	H H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor Joyce Myers				Registration Number, if PAC			
Street Address 876 S Chesterfield Rd		Employer/Occupation/Labor Organization* Mt Carmel Hospital		M 0	D 9	Y 0	Amount 50.00
City Columbus		State O	H H	Zip Code 43209		Form(Cash,Check,etc)	

* 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 \$ 230.00