

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizen for Priscilla Tyson				
Full Name of Contributor Mark Wagenbrenner			Registration Number, if PAC	
Street Address 1289 Grandview Ave	Employer/Occupation/Labor Organization* Harrison West Ventures, L+		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Chilton				
Street Address 700 Bryden Road			Employer/Occupation/Labor Organization* Impact	
City Columbus	State OH	Zip Code 43215	M 0	D 6
Form (Cash, Check, etc.) Cash		Y 1	Amount \$100.00	
Full Name of Contributor Mysheika LeMaile-Williams				
Street Address 362 Naiche Ct			Employer/Occupation/Labor Organization* Asst. Director	
City Columbus	State OH	Zip Code 43213	M 0	D 6
Form (Cash, Check, etc.) Cash		Y 1	Amount \$50.00	
Full Name of Contributor Willie L. Gaddis				
Street Address 5662 Heather Road			Employer/Occupation/Labor Organization* Retired	
City Columbus	State OH	Zip Code 43209	M 0	D 6
Form (Cash, Check, etc.) Cash		Y 1	Amount \$100.00	
Full Name of Contributor Delbert A Simmons				
Street Address 1077 Irongate Apt D			Employer/Occupation/Labor Organization* Comp Benefits Consultant	
City Columbus	State OH	Zip Code 43213	M 0	D 6
Form (Cash, Check, etc.) Check		Y 1	Amount \$200.00	
Full Name of Contributor				
Street Address			Employer/Occupation/Labor Organization*	
City	State OH	Zip Code	M	D
Form (Cash, Check, etc.)		Y	Amount	
Full Name of Contributor				
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D
Form (Cash, Check, etc.)		Y	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 also 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

\$10,600.00

Total expenditures this event.

\$2,041.85

Page Total \$ **\$700.00**