

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 DONAL N. WATSON			Registration Number, if PAC	
Street Address 7958 STEEPLECHASE COURT	Employer/Occupation/Labor Organization* PARTNER-LAW FIRM		M D Y 0 7 0 5 1 3	Amount 100.00
City PORT SAINT LUCIE	State F L	Zip Code 34986	Form (Cash, Check, etc) CHECK	
Full Name of Contributor GLENNA L. WATSON			Registration Number, if PAC	
Street Address 2508 SCHAAF DRIVE	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 7 0 7 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43209	Form (Cash, Check, etc) CHECK	
Full Name of Contributor TOBIAS A. ILOKA			Registration Number, if PAC	
Street Address 6677 SPRING RUN DRIVE	Employer/Occupation/Labor Organization* ENGINEER		M D Y 0 7 0 2 1 3	Amount 100.00
City WESTERVILLE	State O H	Zip Code 43082	Form (Cash, Check, etc) CHECK	
Full Name of Contributor DANA K. BATEMAN			Registration Number, if PAC	
Street Address 6526 MONTGOMERY ROAD	Employer/Occupation/Labor Organization* DENTIST		M D Y 0 7 0 8 1 3	Amount 50.00
City CINCINNATI	State O H	Zip Code 45213	Form (Cash, Check, etc) CHECK	
Full Name of Contributor BARBARA K BRANDT			Registration Number, if PAC	
Street Address 2333 BRENTWOOD ROAD	Employer/Occupation/Labor Organization* CONSULTANT		M D Y 0 7 0 3 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43209	Form (Cash, Check, etc) CHECK	
Full Name of Contributor FRANCES FRAZIER			Registration Number, if PAC	
Street Address 3466 BOLTON AVE	Employer/Occupation/Labor Organization* CONSULTANT		M D Y 0 7 0 4 1 3	Amount 100.00
City COLUMBUS	State O H	Zip Code 43227	Form (Cash, Check, etc) CHECK	
Full Name of Contributor ROBERT WEILER			Registration Number, if PAC	
Street Address 10 N HIGH STREET STE 401	Employer/Occupation/Labor Organization* REALTOR		M D Y 0 7 0 2 1 3	Amount 250.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	

* 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 \$ 800.00