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Event Date	08/29/07
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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 Shirley Duncan				Registration Number, if PAC	
Street Address 1397 Haddon Rd	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Diane Travick				Registration Number, if PAC	
Street Address 5853 Rothesay Ct	Employer/Occupation/Labor Organization* IBM		M 0	D 8	Y 2
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Vickey Jefferson				Registration Number, if PAC	
Street Address 7368 Fairfield Lakes Dr	Employer/Occupation/Labor Organization* Nationwide Insurance		M 0	D 8	Y 2
City Powell	State O	Zip Code 43065	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Greta J Russell				Registration Number, if PAC	
Street Address 674 Bellamy Pl	Employer/Occupation/Labor Organization* OSU		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Jane LaCour McFarland				Registration Number, if PAC	
Street Address 1809 N Cassady Ave	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43219	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Shirley Mann				Registration Number, if PAC	
Street Address 2627 Halleck Dr	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Carol Scott				Registration Number, if PAC	
Street Address 176 Tanglewood Dr	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 2
City Urbana	State O	Zip Code 43078	Form(Cash,Check,etc) check		Amount 50.00

* 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

Total expenditures this event

Page Total \$ 450.00