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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 Paul H Coleman			Registration Number, if PAC			
Street Address 1299 Haddon Rd	Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 14	Amount 500.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc) Check			
Full Name of Contributor J Wesley Hall			Registration Number, if PAC			
Street Address 2235 Orange Lake Dr	Employer/Occupation/Labor Organization* CT Consultants		M 0	D 8	Y 14	Amount 250.00
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc) Check			
Full Name of Contributor Jay Shutt			Registration Number, if PAC			
Street Address 475 Landings Loop W	Employer/Occupation/Labor Organization* CT Consultants		M 0	D 8	Y 14	Amount 250.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc) Check			
Full Name of Contributor John Tolbert			Registration Number, if PAC			
Street Address 537 Stratshire Ln	Employer/Occupation/Labor Organization* Cols Neighborhood Health		M 0	D 8	Y 14	Amount 150.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc) Check			
Full Name of Contributor Nannette Maciejunes			Registration Number, if PAC			
Street Address 504 W Broadway	Employer/Occupation/Labor Organization* Exec Dir- CMA		M 0	D 8	Y 14	Amount 50.00
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc) Check			
Full Name of Contributor Sarah J Rogers			Registration Number, if PAC			
Street Address 920 Montrose Ave	Employer/Occupation/Labor Organization* Dev Dir-CMA		M 0	D 8	Y 14	Amount 50.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc) Check			
Full Name of Contributor John W Dawson			Registration Number, if PAC			
Street Address 1783 Penfield Rd	Employer/Occupation/Labor Organization* Insurance Agent		M 0	D 8	Y 14	Amount 100.00
City Columbus	State OH	Zip Code 43227	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 \$ 1,350.00