

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

Prescribed by Secretary of State 03/05

Name of Committee in Full: Friends of Ben Tyson				Registration Number, if PAC	
Full Name of Contributor Elizabeth Stevens		Employer/Occupation/Labor Organization*		M/D/Y	Amount
Street Address 290 E Kossuth St		Steiner Assoc		04/27/15	25 ⁰⁰
City Cols		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Charlene Greene		Employer/Occupation/Labor Organization*		M/D/Y	Amount
Street Address 1599 E Gates		World Harvest Church		04/27/15	30 ⁰⁰
City Col		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Sallie Gibson		Employer/Occupation/Labor Organization*		M/D/Y	Amount
Street Address 1067 Franklin Ave		W2W - Non profit		04/27/15	100 ⁰⁰
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) check	
Full Name of Contributor Tami Dunfee		Employer/Occupation/Labor Organization*		M/D/Y	Amount
Street Address 5905 Tarrycrest		Steiner Assoc		04/27/15	20 ⁰⁰
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Jerry Gemeinhardt		Employer/Occupation/Labor Organization*		M/D/Y	Amount
Street Address 1842 Ardleigh Rd		Auto Options		04/27/15	25 ⁰⁰
City Col		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Susan Schmid		Employer/Occupation/Labor Organization*		M/D/Y	Amount
Street Address 3265 Longridge Way		Steiner Assoc		04/27/15	25
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Joanna Arnason		Employer/Occupation/Labor Organization*		M/D/Y	Amount
Street Address 861 Neil Ave		ICC Miller		04/27/15	40 ⁰⁰
City Columbus		State OH	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 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

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Total expenditures this event.

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Page Total \$ 265⁰⁰