

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 Dwight Garner				Registration Number, if PAC	
Street Address 895 Beech Street	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 26
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Russell Goodwin				Registration Number, if PAC	
Street Address 103 East First Avenue	Employer/Occupation/Labor Organization* Sales Representative		M 0	D 9	Y 26
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Carol Haley				Registration Number, if PAC	
Street Address 416 Stanley Avenue	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 26
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Bill Hedrick				Registration Number, if PAC	
Street Address 535 West First Avenue	Employer/Occupation/Labor Organization* Attorney		M 0	D 9	Y 26
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor William Hegarty				Registration Number, if PAC	
Street Address 948 Franklin Avenue	Employer/Occupation/Labor Organization* State of Ohio		M 0	D 9	Y 25
City Columbus	State OH	Zip Code 43205	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Cathleen Johnston				Registration Number, if PAC	
Street Address 809 Beech Street	Employer/Occupation/Labor Organization* COHHIO		M 0	D 9	Y 26
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor JoAnn Williams				Registration Number, if PAC	
Street Address 203 West Weber Road	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 26
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 25.00

* 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 \$ 265.00