

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 Demetries J Neely				Registration Number, if PAC	
Street Address 345 Farm Creek Dr	Employer/Occupation/Labor Organization* Exec Dir-King Center		M 0	D 8	Y 14
City Gahanna, OH	State OH	Zip Code 43230	Form(Cash, Check, etc) Check		Amount 400.00
Full Name of Contributor Rick Wolfe				Registration Number, if PAC	
Street Address 59 Spruce St	Employer/Occupation/Labor Organization* North Market Dev. Authori		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor OhioHealth Star Corp PAC				Registration Number, if PAC	
Street Address 180 E Broad St 34th FL	Employer/Occupation/Labor Organization* Health Association		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Jeffrey W Edward				Registration Number, if PAC	
Street Address 495 s High St Suite 150	Employer/Occupation/Labor Organization* CEO -The Edwards Co		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Ohio Hotel PAC				Registration Number, if PAC OH1127	
Street Address 602 N High St Suite 212	Employer/Occupation/Labor Organization* Labor Union		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc)		Amount 100.00
Full Name of Contributor Matarvun D Wright				Registration Number, if PAC	
Street Address 897 E 11th Ave	Employer/Occupation/Labor Organization* President-RAMA Consultin		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43211	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Les Wright				Registration Number, if PAC	
Street Address 2268 Liston Ave	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43207	Form(Cash, Check, etc) Check		Amount 100.00

* 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 \$ 1,550.00