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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			Registration Number, if PAC			
Robert G. Palmer						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
185 Rustic Place			1	0	2	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	Oh	43214	Check			
Full Name of Contributor			Registration Number, if PAC			
NiSource, Inc. PAC			C00051979			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
290 West Nationwide Boulevard			1	0	250.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	Oh	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Demetrius Neely						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
837 Thomas Road			1	2	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	Oh	43212	Cash			
Full Name of Contributor			Registration Number, if PAC			
Gregory Jefferson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6366 Kinver Edge Way			0	8	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	Oh	43213	Cash			
Full Name of Contributor			Registration Number, if PAC			
Toshia Safford						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1096 Bergenia Drive			0	8	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Reynoldsburg	Oh	43068	Cash			
Full Name of Contributor			Registration Number, if PAC			
John Dawson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1783 Penfield Road			0	8	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	Oh	43207	Cash			
Full Name of Contributor			Registration Number, if PAC			
Florence L. Lathen-Harris						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
500 Ferncastle Drive			0	8	250.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Downingtown	Pa	19335	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 \$ 1,050.00