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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 CITIZENA FOR PRISCILLA TYSON				
Full Name of Contributor HUNTINGTON BANCHARES INC. PAC			Registration Number, if PAC C00155589	
Street Address 41 S HIGH ST	Employer/Occupation/Labor Organization*		M D Y 0 5 1 0 0 7	Amount 250.00
City COLUMBUS	State O H	Zip Code 43216	Form(Cash,Check,etc) CHECK	
Full Name of Contributor FRED BENTON			Registration Number, if PAC	
Street Address 1440 COTTINGHAM CT E	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 7	Amount 100.00
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CASH	
Full Name of Contributor DAN MONCRIEF			Registration Number, if PAC	
Street Address 1069 WOODLAND AVE	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 7	Amount 100.00
City COLUMBUS	State O H	Zip Code 43219	Form(Cash,Check,etc) CASH	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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

6,300.00

Total expenditures this event

1,500.00

Page Total \$ 450.00