

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 Richard J. Diehl				Registration Number, if PAC	
Street Address 173 Hamilton Avenue	Employer/Occupation/Labor Organization* Self-Employed		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43203	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Rosemary Duffy				Registration Number, if PAC	
Street Address 198 Deer Meadow Drive	Employer/Occupation/Labor Organization* Ctr for Disease Control		M 0	D 7	Y 2
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ben E. Espy				Registration Number, if PAC	
Street Address 43 Hamilton Park	Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43203	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Kathy D. Espy				Registration Number, if PAC	
Street Address 1350 Brookwood	Employer/Occupation/Labor Organization* Mt. Carmel Hospital		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Dr. Robert E. Falcone				Registration Number, if PAC	
Street Address 150 East Lafayette Street	Employer/Occupation/Labor Organization* Self-Employed		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Willie L. Gaddis				Registration Number, if PAC	
Street Address 5662 Heather Road	Employer/Occupation/Labor Organization* Retired		M 0	D 7	Y 2
City Gahanna	State O	Zip Code 43209	Form(Cash,Check,etc) Online		Amount 300.00
Full Name of Contributor Kenneth B. Gold				Registration Number, if PAC	
Street Address 2464 Bexley Park Road	Employer/Occupation/Labor Organization* Skilken		M 0	D 7	Y 2
City Bexley	State O	Zip Code 43209	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

16,835.00

Total expenditures this event

3,017.15

Page Total \$ 1,050.00