

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 William H. Adams				Registration Number, if PAC	
Street Address 2978 East Twelfth Avenue	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 0
City Columbus	State O	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Edwin J.D. Ayers				Registration Number, if PAC	
Street Address 3050 Dale Avenue	Employer/Occupation/Labor Organization* JPMorgan Chase		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Milton D. Baughman				Registration Number, if PAC	
Street Address 269 Ashbourne Place	Employer/Occupation/Labor Organization* GCAC		M 0	D 7	Y 2
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Brien Bellows				Registration Number, if PAC	
Street Address 1350 West Fifth Avenue, Suite 300	Employer/Occupation/Labor Organization* CMAGE/CWA 4502		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Barbara Benham				Registration Number, if PAC HBI-PAC C00165589	
Street Address 41 South High Street	Employer/Occupation/Labor Organization* Huntington Bancshares		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Joy L. Bivens				Registration Number, if PAC	
Street Address 4985 Doral Avenue	Employer/Occupation/Labor Organization* Health Director		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Connie W. Boykin				Registration Number, if PAC	
Street Address 1331 East Gates Street	Employer/Occupation/Labor Organization* Retired		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43206	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 \$ 1,850.00