

Event Date	_____
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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 Charlotte A. Rhea				Registration Number, if PAC	
Street Address 1276 Easthill Drive		Employer/Occupation/Labor Organization*		M	D
City Columbus		State Oh	Zip Code 43213	Y	Amount 50.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Ty D. Marsh					
Street Address 57 Riverview Park Drove		Employer/Occupation/Labor Organization*		M	D
City Columbus		State Oh	Zip Code 43214	Y	Amount 250.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Joy Gonsiorowski					
Street Address 2666 Brentwood Road		Employer/Occupation/Labor Organization*		M	D
City Bexley		State Oh	Zip Code 43209	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Yung C. Lu					
Street Address 1881 Brandywine Drive		Employer/Occupation/Labor Organization*		M	D
City Columbus		State Oh	Zip Code 43220	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Edward P. Ferris					
Street Address 1959 Collingwood Road		Employer/Occupation/Labor Organization*		M	D
City Columbus		State Oh	Zip Code 43221	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor George J. Kontogiannis					
Street Address 400 South Fifth Street, Suite 400		Employer/Occupation/Labor Organization*		M	D
City Columbus		State Oh	Zip Code 43215	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Arthur L. Evans					
Street Address 5426 Baneberry Avenue		Employer/Occupation/Labor Organization*		M	D
City Columbus		State Oh	Zip Code 43235	Y	Amount 100.00
				Form(Cash, Check, etc) 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 \$ **800.00**