

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 Ellen Glimcher			Registration Number, if PAC	
Street Address 585 South Lazelle Street	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 6 3 0 0 9	Amount 118.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Dr. Roy Gottlieb			Registration Number, if PAC	
Street Address 1100 Morse Road	Employer/Occupation/Labor Organization* Dentist		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43229	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Jo Green			Registration Number, if PAC	
Street Address 155 West Main Street, Suite 706	Employer/Occupation/Labor Organization* Time Warner Cable		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Donald Harris			Registration Number, if PAC	
Street Address 5257 Courtney Place	Employer/Occupation/Labor Organization* The Ohio State University		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Anthony Hutchins			Registration Number, if PAC	
Street Address 411 East Town Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Catherine Inbusch			Registration Number, if PAC	
Street Address 1807 Lynnhaven Drive	Employer/Occupation/Labor Organization* Financial Advisor		M D Y 0 6 1 5 0 9	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda Kass			Registration Number, if PAC	
Street Address 267 North Parkview	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 6 3 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43209	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 \$ 718.00