

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Priscilla Tyson					
Full Name of Contributor Katherine M. Mizelle				Registration Number, if PAC	
Street Address 52 w Royal Forest Blvd		Employer/Occupation/Labor Organization* NW Children's Hospital		M 0	D 6
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurie S Marsh					
Street Address 57 Riverview Park Dr		Employer/Occupation/Labor Organization* Leadership Columbus		M 0	D 6
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy E. Lindimore					
Street Address 8256 Snead Way		Employer/Occupation/Labor Organization* United Healthcare		M 0	D 6
City Westerville		State OH	Zip Code 43082	Y 1	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor B.A. Patterson					
Street Address 1485 Lonsdale Road		Employer/Occupation/Labor Organization* State of Ohio		M 0	D 6
City Columbus		State OH	Zip Code 43232	Y 1	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Arthur L Evans					
Street Address 5426 Baneberry Ave		Employer/Occupation/Labor Organization* Retired		M 0	D 6
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Ronda L. Evans					
Street Address 1015 MacGregor Ave		Employer/Occupation/Labor Organization* Nationwide Insurance		M 0	D 6
City Columbus		State OH	Zip Code 43085	Y 1	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Nathaniel Carter					
Street Address 6335 Bellmeadow Dr		Employer/Occupation/Labor Organization* Pastor		M 0	D 6
City Columbus		State OH	Zip Code 43229	Y 1	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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,450.00**