| Event Date | 8/27/2015 |
|------------|-----------|
| Page       | 2         |

## Statement of Contributions Received

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 same of Committee in Full Citizens for Priscilla Tyson Registration Number, if PAC Larry James Street Address imployer Occupation/Labor Organization\* D 500 South Front Street, Suite 1200 0,8 2 0 1.5 Crabbe Brown & James 500.00 Zip Code Form(Cash Check etc) Columbus O Н 43215 Check Full Name of Contributor Street Address Employer Occupation Labor Organization\* D State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer Occupation Labor Organization\* Zip Code Form Cash Check etc) Full Name of Community Registration Number, if PA Street Address Employer Occupation Labor Organization\* D Amount State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer Occupation Labor Organization\* Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer Occupation/Labor Organization\* Amount City Zip Code Form(Cash, Check, etc) \* 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 commbute 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 Contribution state "Contributions from form No. 31-E" and list the date of the event Total contributions this event Total expenditures this event 500.00