

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 Kim A. Ansati				Registration Number, if PAC	
Street Address 3962 Courter Road		Employer/Occupation/Labor Organization* COMBA-MCBAP		M 1	D 0
City Pataskala		State O H		Y 0	Amount 50.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Janie E. Bailey					
Street Address 4231 Wyandotte Woods Blvd		Employer/Occupation/Labor Organization* Columbus Area, Inc.		M 1	D 0
City Dublin		State O H		Y 1	Amount 75.00
Form(Cash,Check,etc) Check					
Full Name of Contributor David T. Bainter					
Street Address 938 Medinah Terrace		Employer/Occupation/Labor Organization* Retired		M 0	D 9
City Columbus		State O H		Y 3	Amount 75.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Kimberly A. Blackwell					
Street Address 1601 West Fifth Avenue, #166		Employer/Occupation/Labor Organization* Owner, PMM Agency		M 1	D 0
City Columbus		State O H		Y 0	Amount 75.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Crystal L. Boyce					
Street Address 3184 Sophie Street		Employer/Occupation/Labor Organization* Leap of Faith Dance Co.		M 1	D 0
City Columbus		State O H		Y 0	Amount 75.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Kevin L. Boyce					
Street Address 471 East Broad Street, Suite 1800		Employer/Occupation/Labor Organization* Boyce For A Better Ohio		M 1	D 0
City Columbus		State O H		Y 0	Amount 1,000.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Lorraine P. Brock					
Street Address 809 Katherines Ridge Lane		Employer/Occupation/Labor Organization* Retired		M 1	D 0
City Columbus		State O H		Y 0	Amount 75.00
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 \$ 1,425.00