

Event Date	8/27/2015
Page	2

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 Larry James			Registration Number, if PAC		
Street Address 500 South Front Street, Suite 1200	Employer Occupation/Labor Organization* Crabbe Brown & James		M 0	D 8	Y 2015
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form (Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form (Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form (Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form (Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form (Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form (Cash, Check, etc)		Amount

* 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 \$ **500.00**