

Event Date	_____
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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 Milton Baughman				Registration Number, if PAC	
Street Address 321 East Sycamore Street	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State Oh	Zip Code 43206	0	9	0
			7	1	5
			Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mattie B. James					
Street Address 1985 Sunbury Road				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	1	3
		1	5		
City Columbus	State Oh	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Francis Curtis Frazier					
Street Address 3466 Bolton Avenue				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	0	0	2
		1	5		
City Columbus	State Oh	Zip Code 43227	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Tobias A. Iloka					
Street Address 6677 Spring Run Drive				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	0	1	3
		1	5		
City Westerville	State Oh	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Crabbe, Brown & James					
Street Address 500 South Front Street, Suite 1200				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	8	2	0
		1	5		
City Columbus	State Oh	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor FOP Political Education Fund					
Street Address 6800 Schrock Road				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	2	2
		1	5		
City Columbus	State Oh	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Pamela L. McCarthy					
Street Address 566 Melrose Avenue				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	1	6
		1	5		
City Columbus	State Oh	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 40.00

* 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 \$ 1,490.00