

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 Christie Angel			Registration Number, if PAC	
Street Address 206 East Beck Street	Employer/Occupation/Labor Organization* Sean P. Dunn & Assoc		M D Y 0 5 1 3 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey L. Brown			Registration Number, if PAC	
Street Address 1013 Ridge Crest Drive	Employer/Occupation/Labor Organization* Smith & Hale, LLC		M D Y 0 5 0 8 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43230	Form(Cash,Check,etc) Check	
Full Name of Contributor Derrick Clay			Registration Number, if PAC	
Street Address 33 North Third Street, Suite 400	Employer/Occupation/Labor Organization* New Visions Group, LLC		M D Y 0 5 0 6 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Corna			Registration Number, if PAC	
Street Address 10153 Chelton Wood	Employer/Occupation/Labor Organization* Corna-Kokosing, Inc.		M D Y 0 5 1 1 0 9	Amount 500.00
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Edward Friedman			Registration Number, if PAC	
Street Address 50 South Parkview	Employer/Occupation/Labor Organization* Smith Tandy Group		M D Y 0 5 1 3 0 9	Amount 250.00
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Gregory Jefferson			Registration Number, if PAC	
Street Address 5194 Horseshoe Falls Drive	Employer/Occupation/Labor Organization* President & CEO		M D Y 0 5 1 3 0 9	Amount 100.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Cash	
Full Name of Contributor Connie Klema			Registration Number, if PAC	
Street Address P.O. Box 991	Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 1 3 0 9	Amount 250.00
City Pataskala	State O H	Zip Code 43062	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

4 450.00

Total expenditures this event

624.32

Page Total \$ 1,850.00