

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZEN FOR PRISCILLA TYSON							
Full Name of Contributor Marilyn Crockett					Registration Number, if PAC		
Street Address 2241 Margaret Avenue		Employer/Occupation/Labor Organization* Columbus Public Schools		M 0	D 8	Y 0	Amount 50.00
City Columbus	State O	H H	Zip Code 43219	Form(Cash,Check,etc) check			
Full Name of Contributor Gayle Saunders					Registration Number, if PAC		
Street Address 2788 Floribunda		Employer/Occupation/Labor Organization* Nationwide Insurance		M 0	D 8	Y 0	Amount 150.00
City Columbus	State O	H H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Lorraine Brock					Registration Number, if PAC		
Street Address 809 Katherines Ridge Lane		Employer/Occupation/Labor Organization* Nationwide Insurance		M 0	D 8	Y 0	Amount 200.00
City Columbus	State O	H H	Zip Code 43235	Form(Cash,Check,etc) check			
Full Name of Contributor Suzanne Tolbert					Registration Number, if PAC		
Street Address 537 Stratshire Cove		Employer/Occupation/Labor Organization* COWIC		M 0	D 8	Y 0	Amount 100.00
City Gahanna	State O	H H	Zip Code 43230	Form(Cash,Check,etc) check			
Full Name of Contributor Brian Steele					Registration Number, if PAC		
Street Address 8725 Oakshire Dr		Employer/Occupation/Labor Organization* Merril Lynch		M 0	D 8	Y 0	Amount 50.00
City Pickerington	State O	H H	Zip Code 43147	Form(Cash,Check,etc) check			
Full Name of Contributor Theresa Potter					Registration Number, if PAC		
Street Address 134 M Schultz		Employer/Occupation/Labor Organization* Glory Foods		M 0	D 8	Y 0	Amount 25.00
City Columbus	State O	H H	Zip Code 43222	Form check			
Full Name of Contributor Greta Russell					Registration Number, if PAC		
Street Address 674 Bellamy Place		Employer/Occupation/Labor Organization* OSU		M 0	D 8	Y 0	Amount 50.00
City Columbus	State O	H H	Zip Code 43213	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 \$ 625.00