

## 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	Y 1	Amount 50.00
City Pataskala	State OH	Zip Code		Form(Cash,Check,etc) Check			
Full Name of Contributor Janie E. Bailey					Registration Number, if PAC		
Street Address 4231 Wyandotte Woods Blvd		Employer/Occupation/Labor Organization* Columbus Area, Inc.		M 1	D 0	Y 1	Amount 75.00
City Dublin	State OH	Zip Code 43016		Form(Cash,Check,etc) Check			
Full Name of Contributor David T. Bainter					Registration Number, if PAC		
Street Address 938 Medinah Terrace		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 3	Amount 75.00
City Columbus	State OH	Zip Code 43221		Form(Cash,Check,etc) Check			
Full Name of Contributor Kimberly A. Blackwell					Registration Number, if PAC		
Street Address 1601 West Fifth Avenue, #166		Employer/Occupation/Labor Organization* Owner, PMM Agency		M 1	D 0	Y 1	Amount 75.00
City Columbus	State OH	Zip Code 43212		Form(Cash,Check,etc) Check			
Full Name of Contributor Crystal L. Boyce					Registration Number, if PAC		
Street Address 3184 Sophie Street		Employer/Occupation/Labor Organization* Leap of Faith Dance Co.		M 1	D 0	Y 1	Amount 75.00
City Columbus	State OH	Zip Code 43219		Form(Cash,Check,etc) Check			
Full Name of Contributor Kevin L. Boyce					Registration Number, if PAC		
Street Address 471 East Broad Street, Suite 1800		Employer/Occupation/Labor Organization* Boyce For A Better Ohio		M 1	D 0	Y 1	Amount 1,000.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Lorraine P. Brock					Registration Number, if PAC		
Street Address 809 Katherines Ridge Lane		Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 1	Amount 75.00
City Columbus	State OH	Zip Code 43235		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