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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 CITIZEN FOR PRISCILLA TYSON					
Full Name of Contributor Advocate for Effective Public Admin.-Fred Raniser				Registration Number, if PAC OH109	
Street Address 52 E Gav St	Employer/Occupation/Labor Organization* Vorvs Sater Sevmour & Pea		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor NiSource Inc PAC				Registration Number, if PAC C00051970	
Street Address 200 Civic Center Dr	Employer/Occupation/Labor Organization* Columbia Gas		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor David Hodge				Registration Number, if PAC	
Street Address 37 West Broad St	Employer/Occupation/Labor Organization* Smith & Hale LLC		M 0	D 8	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor George McCue				Registration Number, if PAC	
Street Address 500 S Front St	Employer/Occupation/Labor Organization* Crabbe, Brown & James		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Lorraine P Brock				Registration Number, if PAC	
Street Address 809 Katherines Ridge Lane	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43235	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Robert Falcone				Registration Number, if PAC	
Street Address 150 E Lafayette St	Employer/Occupation/Labor Organization* Physican		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Tanny Crane				Registration Number, if PAC	
Street Address 3600 Kitzmiller Rd	Employer/Occupation/Labor Organization* The Crane Group		M 0	D 8	Y 12
City New Albany	State OH	Zip Code 43054	Form(Cash, Check, etc) Check		Amount 500.00

* 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 \$ 2,300.00