

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 Mark Corna			Registration Number, if PAC	
Street Address 10153 Chelton Wood	Employer/Occupation/Labor Organization* Corna-Kokosing		M D Y 0 7 0 1 0 9	Amount 500.00
City Powell	State O H	Zip Code 43065	Form (Cash, Check, etc) Check	
Full Name of Contributor Elizabeth Crane			Registration Number, if PAC	
Street Address 279 North Columbia Avenue	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 0 1 0 9	Amount 200.00
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Loann Crane			Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 515	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Kathy Espy			Registration Number, if PAC	
Street Address 1350 Brookwood Place	Employer/Occupation/Labor Organization* Mount Carmel Health		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Dr. Robert Falcone			Registration Number, if PAC	
Street Address 150 East Lafayette Street	Employer/Occupation/Labor Organization* VHA Columbus		M D Y 0 7 0 1 0 9	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Nicole Farrell			Registration Number, if PAC	
Street Address 1435 White Avenue	Employer/Occupation/Labor Organization* The Ohio State University		M D Y 0 6 2 3 0 9	Amount 50.00
City Fremont	State O H	Zip Code 43420	Form (Cash, Check, etc) Check	
Full Name of Contributor Diane Glimcher			Registration Number, if PAC	
Street Address 10 North Drexel Ave	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 7 0 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43209	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 \$ 1,550.00