

Event Date	_____
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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 <b>Citizens for Priscilla Tyson</b>							
Full Name of Contributor <b>Columbus Franklin County AFL-CIO PCE</b>				Registration Number, if PAC			
Street Address <b>1545 Alum Creek Drive, 2nd Floor</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	200.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Franklin E. Kass</b>				Registration Number, if PAC			
Street Address <b>150 East Broad Street, Suite 200</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	100.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Donna A. James</b>				Registration Number, if PAC			
Street Address <b>One Miranova Place, Suite 1040</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	500.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Keena Smith</b>				Registration Number, if PAC			
Street Address <b>1638 Minturn Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	50.00
City <b>New Albany</b>		State <b>Oh</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Catherine T. Willis</b>				Registration Number, if PAC			
Street Address <b>191 Melyers Court</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	50.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Kimberly Blackwell</b>				Registration Number, if PAC			
Street Address <b>1601 West Fifth Avenue, Suite 166</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	250.00
City <b>Columbus</b>		State <b>Oh</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Money Order</b>			
Full Name of Contributor <b>Diana Glimcher</b>				Registration Number, if PAC			
Street Address <b>10 North Drexel Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	250.00
City <b>Bexley</b>		State <b>Oh</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>			

\* 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 \$ 1,400.00