

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 Suzanne C. Tolbert				Registration Number, if PAC	
Street Address 437 Strathshire Lane	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Gahanna	State Oh	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Casto Family Funding				Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite 500	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Columbus	State Oh	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Rachelle Martin				Registration Number, if PAC	
Street Address 225 Parkwood Avenue	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Columbus	State Oh	Zip Code 43203	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

19,515.00

Total expenditures this event

2,314.00

Page Total \$ **1,300.00**