

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

| | | | | |
|--|---|-------------------|-----------------------------|--------------------|
| Name of Committee in Full Citizen for Priscilla Tyson | | | | |
| Full Name of Contributor Mark Corna | | | Registration Number, if PAC | |
| Street Address 10153 Chelton | Employer/Occupation/Labor Organization* Corna/Kokosing | | M 0 | D 5 |
| City Powell | State OH | Zip Code 43065 | Y 1 | Amount \$250.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Michael S. Brown | | | Registration Number, if PAC | |
| Street Address 1142 Pennsylvania Ave | Employer/Occupation/Labor Organization* Harmony Project | | M 0 | D 6 |
| City Columbus | State OH | Zip Code 43213 | Y 1 | Amount \$100.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Florence Lathen-Harris | | | Registration Number, if PAC | |
| Street Address 79 Park Front Court | Employer/Occupation/Labor Organization* Nationwide | | M 0 | D 6 |
| City Columbus | State OH | Zip Code 43215 | Y 1 | Amount \$100.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Lester F. Wright | | | Registration Number, if PAC | |
| Street Address 2268 Liston Ave | Employer/Occupation/Labor Organization* Retired | | M 0 | D 6 |
| City Columbus | State OH | Zip Code 43215 | Y 1 | Amount \$100.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Laura macGregor Comek | | | Registration Number, if PAC | |
| Street Address 7983 Luckstone Drive | Employer/Occupation/Labor Organization* Crabbe, Brown, & James | | M 0 | D 6 |
| City Dublin | State OH | Zip Code 43017 | Y 1 | Amount \$100.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Sheryle L. Powell | | | Registration Number, if PAC | |
| Street Address 814 Abbey Court | Employer/Occupation/Labor Organization* King Arts Complex | | M 0 | D 6 |
| City Pickerington | State OH | Zip Code 43147 | Y 1 | Amount \$100.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Robert Meyer | | | Registration Number, if PAC | |
| Street Address 41 South High Street | Employer/Occupation/Labor Organization* PorterWright | | M 0 | D 6 |
| City Columbus | State OH | Zip Code 43215 | Y 1 | Amount \$500.00 |
| 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,250.00