

12

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 Mattie B James			Registration Number, if PAC		
Street Address 1985 Sunbury Rd	Employer/Occupation/Labor Organization* President-CDC Headstart		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mark Corna			Registration Number, if PAC		
Street Address 2101 Abbotsford Green Drive	Employer/Occupation/Labor Organization* Corna Kokosing		M 0	D 8	Y 12
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor The Huntington Bancshares Inc			Registration Number, if PAC C000165589		
Street Address 41 S High St	Employer/Occupation/Labor Organization* PAC		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor FOP Policial Education Fund			Registration Number, if PAC		
Street Address 6800 Schrock Hill Ct	Employer/Occupation/Labor Organization* Labor Union		M 0	D 8	Y 12
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Don Casto			Registration Number, if PAC		
Street Address 250 Civic Center Dr Suite 500	Employer/Occupation/Labor Organization* Col Realty Investments LTD		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 Don Casto			Registration Number, if PAC		
Street Address 250 Civic Center Dr Suite 500	Employer/Occupation/Labor Organization* Casto Family Funding LLC		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 Lewis R Smoot			Registration Number, if PAC		
Street Address 3919 Sunburg Rd	Employer/Occupation/Labor Organization* Smoot Construction		M 0	D 9	Y 15
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 1,000.00

* 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 \$ 4,350.00