

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens of Priscilla Tyson					
Full Name of Contributor John Kenndy				Registration Number, if PAC	
Street Address 500 South Front Street		Employer/Occupation/Labor Organization* Crabbe, Brown & James		M 0	D 6
City Columbus		State OH		Y 1	Amount \$500.00
Full Name of Contributor Keith A. Myers		Registration Number, if PAC			
Street Address 229 E. College Street		Employer/Occupation/Labor Organization* MSI Design, Inc.		M 0	D 6
City Granville		State OH		Y 1	Amount \$100.00
Full Name of Contributor Edwin J.D. Ayers		Registration Number, if PAC			
Street Address 3050 Dale Ave		Employer/Occupation/Labor Organization* JPMorganChase		M 0	D 6
City Columbus		State OH		Y 1	Amount \$50.00
Full Name of Contributor Donna J. Keaton		Registration Number, if PAC			
Street Address 1771 Franklin Ave		Employer/Occupation/Labor Organization* Owner-Child Care		M 0	D 6
City Columbus		State OH		Y 1	Amount \$250.00
Full Name of Contributor Mina M. Dioun		Registration Number, if PAC			
Street Address 6965 Clivdon Mews		Employer/Occupation/Labor Organization* Stonehenge Co.		M 0	D 6
City New Albany		State OH		Y 1	Amount \$100.00
Full Name of Contributor Angela Cornelius Dawson		Registration Number, if PAC			
Street Address 1783 Penfield Road		Employer/Occupation/Labor Organization* Director/ State of Ohio		M 0	D 6
City Columbus		State OH		Y 1	Amount \$100.00
Full Name of Contributor Chris Johnson		Registration Number, if PAC			
Street Address 233 Martin Luther King Blvd		Employer/Occupation/Labor Organization* Retired		M 0	D 6
City Columbus		State OH		Y 1	Amount \$100.00

* 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 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 \$ 1,200.00