

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 John Dawson				Registration Number, if PAC	
Street Address 2096 West Mound Street	Employer/Occupation/Labor Organization* Vice President/ COO		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43223	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Katherine Epler				Registration Number, if PAC	
Street Address 2409 Dover Road	Employer/Occupation/Labor Organization* Unemployed		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Kathy D. Espy				Registration Number, if PAC	
Street Address 1350 Brookwood Drive	Employer/Occupation/Labor Organization* Mount Carmel Health		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Cindy L. Farson				Registration Number, if PAC	
Street Address 718 South Fifth Street	Employer/Occupation/Labor Organization* Cntrl OH Area on Aging		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Jewell K. Garrison				Registration Number, if PAC	
Street Address 936 Harborton Drive	Employer/Occupation/Labor Organization* Unemployed		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43228	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Joy A. Gonsiorowski				Registration Number, if PAC	
Street Address 2666 Brentwood Road	Employer/Occupation/Labor Organization* Unemployed		M 0	D 9	Y 2
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Florence L. Harris				Registration Number, if PAC	
Street Address 500 Ferncastle Drive	Employer/Occupation/Labor Organization* Nationwide Insurance		M 1	D 0	Y 0
City Downingtown	State P	Zip Code 19335	Form(Cash,Check,etc) Check		Amount 150.00

* 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 \$ 625.00