

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Priscilla Tyson				
Full Name of Contributor Karla Rothan			Registration Number, if PAC	
Street Address 110 W 1st Ave	Employer/Occupation/Labor Organization* Executive Director		M 0	D 6
City Columbus	State OH	Zip Code 43201	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael L Silberstein				
Street Address 1093 Fountain Lane Apt. D			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Northwestern Mutual		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43213	Amount \$50.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Frank W. Watson				
Street Address 1469 Picard Road			Registration Number, if PAC	
Employer/Occupation/Labor Organization* City of Columbus		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43227	Amount \$25.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Isaiah McCrary				
Street Address 2469 Brookwood Road			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Retired		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43209	Amount \$100.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ingrid R Brownlee				
Street Address 2 Albery Loop			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Unemployed		M 0	D 6	Y 1
City New Albany	State OH	Zip Code 43054	Amount \$100.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sue E. Moore				
Street Address 1095 Sunbury			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Nurse		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43219	Amount \$100.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Christopher G Brown				
Street Address 792 Westray Dr			Registration Number, if PAC	
Employer/Occupation/Labor Organization* OSU Medical Ctr		M 0	D 6	Y 1
City Westerville	State OH	Zip Code 43081	Amount \$100.00	
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 \$ **\$575.00**