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		Registration Number, if PAC					
Stephanie Celebrezze							

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
368 W 2nd Ave	Murphy Epson	0 8	0 9	0 7		50.00	

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43201	check	

Full Name of Contributor		Registration Number, if PAC					
Paul Haggard							

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
5498 Satinwood Dr	Cols Housing Partnership	0 8	0 9	0 7		50.00	

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43229	check	

Full Name of Contributor		Registration Number, if PAC					

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		

City	State	Zip Code	Form(Cash,Check,etc)	

Full Name of Contributor		Registration Number, if PAC					

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		

City	State	Zip Code	Form(Cash,Check,etc)	

Full Name of Contributor		Registration Number, if PAC					

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		

City	State	Zip Code	Form(Cash,Check,etc)	

Full Name of Contributor		Registration Number, if PAC					

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		

City	State	Zip Code	Form(Cash,Check,etc)	

Full Name of Contributor		Registration Number, if PAC					

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		

City	State	Zip Code	Form(Cash,Check,etc)	

* 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 $ 100.00
2.150.00		