

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 MICHAEL SILBERSTEIN				Registration Number, if PAC			
Street Address 1093 FOUNTAIN LANE APT D		Employer/Occupation/Labor Organization* INSURANCE AGENT		M 0	D 7	Y 1	Amount 100.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DONAL MCDANIEL				Registration Number, if PAC			
Street Address 101 FORBIDDEN LAKES COURT		Employer/Occupation/Labor Organization* RETIRED		M 0	D 6	Y 2	Amount 100.00
City JOHNSTOWN		State O H	Zip Code 43031	Form(Cash,Check,etc) CHECK			
Full Name of Contributor WAYNE A GARLAND JR.				Registration Number, if PAC			
Street Address 1988 WOODLANDS PLACE		Employer/Occupation/Labor Organization* BUCKEYE REAL ESTATE		M 0	D 6	Y 2	Amount 100.00
City POWELL		State O H	Zip Code 43065	Form(Cash,Check,etc) CHECK			
Full Name of Contributor TY MARSH				Registration Number, if PAC			
Street Address 67 RIVERVIEW PARK DRIVE		Employer/Occupation/Labor Organization* CONSULTANT		M 0	D 6	Y 3	Amount 250.00
City COLUMBUS		State O H	Zip Code 43214	Form(Cash,Check,etc) CHECK			
Full Name of Contributor ROBERT LAZARUS, JR				Registration Number, if PAC			
Street Address 2094 PARKHILL DRIVE		Employer/Occupation/Labor Organization* RETIRED		M 0	D 1	Y 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK			
Full Name of Contributor VIRGINIA M OKEEFFE				Registration Number, if PAC			
Street Address 154 BRANDYWINE DRIVE UNIT D		Employer/Occupation/Labor Organization* CEO-AMETHYST INC		M 0	D 6	Y 3	Amount 100.00
City WESTERVILLE		State O H	Zip Code 43081	Form(Cash,Check,etc) CHECK			
Full Name of Contributor NOEL C JOHNSON				Registration Number, if PAC			
Street Address 233 MARTIN LUTHER KING JR BLVD		Employer/Occupation/Labor Organization* RETIRED		M 0	D 7	Y 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43203	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 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 \$ 850.00