

8

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZENS FOR PRISCILLA TYSON</b>					
Full Name of Contributor <b>MARK FROEHLICH</b>				Registration Number, if PAC	
Street Address <b>576 MAIN STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>GROVEPORT</b>	State <b>O</b>	Zip Code <b>43125</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>GRETA J RUSSELL</b>				Registration Number, if PAC	
Street Address <b>674 BELLAMY PL</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>CARL WILLIAMS</b>				Registration Number, if PAC	
Street Address <b>5192 UPLAND MEADOW DR</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>CANAL WINCHESTER</b>	State <b>O</b>	Zip Code <b>43110</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>200.00</b>
Full Name of Contributor <b>NANCY E LINDIMORE</b>				Registration Number, if PAC	
Street Address <b>464 S SPRING RD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>WESTERVILLE</b>	State <b>O</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>WILLIAM L BYERS</b>				Registration Number, if PAC	
Street Address <b>5446 GILLETTE AVENUE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>HILLIARD</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>150.00</b>
Full Name of Contributor <b>OHIOHEALTH STAR CORP pac</b>				Registration Number, if PAC <b>C00210617</b>	
Street Address <b>1087 DENNISON AVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>250.00</b>
Full Name of Contributor <b>JOHN RAPHAEL</b>				Registration Number, if PAC	
Street Address <b>444 SOUTH FRONT STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>

\* 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 \$ 1,000.00