

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	
Bradley Frick				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1265 Neil Ave	Attorney	0	8	1
City	State	Zip Code	Amount	
Columbus	O H	43201	1	4
Form(Cash, Check, etc)			Check	
Full Name of Contributor			Registration Number, if PAC	
Donald T McDaniel				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
101 Forbidden Lakes Ct	Retired	0	8	0
City	State	Zip Code	Amount	
Johnstown	O H	43031	1	4
Form(Cash, Check, etc)			Check	
Full Name of Contributor			Registration Number, if PAC	
Gregory A Jefferson				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
5194 Horseshoe Falls Dr	President-CND	0	8	1
City	State	Zip Code	Amount	
Dublin	O H	43016	1	4
Form(Cash, Check, etc)			Check	
Full Name of Contributor			Registration Number, if PAC	
John A Johnson				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
4319 Vaux Link Dr	Physician	0	8	1
City	State	Zip Code	Amount	
New Albany	O H	43054	1	4
Form(Cash, Check, etc)			Check	
Full Name of Contributor			Registration Number, if PAC	
Suzanne C Tolbert				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
537 Strathshire Ln	President-COWIC	0	8	1
City	State	Zip Code	Amount	
Gahanna	O H	43230	1	4
Form(Cash, Check, etc)			Check	
Full Name of Contributor			Registration Number, if PAC	
Shirri A Wright				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
271 Tallowwood Dr	Analyst-ODRC	0	8	1
City	State	Zip Code	Amount	
Westerville	O H	43081	1	4
Form(Cash, Check, etc)			Check	
Full Name of Contributor			Registration Number, if PAC	
Shyam V Rajadhvasha				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
6121 Huntley Rd	Engineer	0	8	1
City	State	Zip Code	Amount	
Columbus	O H	43229	1	4
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 \$ 1,200.00