

Event Date	_____
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Statement of Contributions Received at a Social or Fundraising Event

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Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Priscilla Tyson							
Full Name of Contributor Mark Wagenbrenner				Registration Number, if PAC			
Street Address 575 West 1st Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	500.00
City Columbus		State Oh	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Smith & Hale				Registration Number, if PAC			
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	250.00
City Columbus		State Oh	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor United Steelworkers District 1 PCE				Registration Number, if PAC			
Street Address 77 Dearborn Park Lane, Suite J		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	1,000.00
City Columbus		State Oh	Zip Code 43058	Form(Cash,Check,etc) Check			
Full Name of Contributor Good Health Columbus PAC				Registration Number, if PAC			
Street Address 1390 Dublin Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	100.00
City Columbus		State Oh	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael S. Schiff				Registration Number, if PAC			
Street Address 233 Preston Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	500.00
City Columbus		State Oh	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Citizens for Dorian Committee				Registration Number, if PAC			
Street Address 425 Derrer Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	100.00
City Columbus		State Oh	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Rachelle A. Martin				Registration Number, if PAC			
Street Address 225 Parkwood Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	100.00
City Columbus		State Oh	Zip Code 43203	Form(Cash,Check,etc) Money Order			

* 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 \$ 2,550.00