31-E R.C. 3517.10(B)

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Event Date	09/23/08
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## 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		
Michael Silberstein					
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
1088 Fountain Lane, Apt F	Northwestern Mutual		0 9 2 3	0   8	150.00
City	State	Zip Code	Form(Cash,Check	N330033003500335000	
Columbus	<u> </u>	43213	check		
Full Name of Contributor			Registration Number, if PAC		
Katherine Epler					
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
2409 Dover Road	Retired			0 8	75.00
City	State	Zip Code	Form(Cash,Check		
Columbus	$O \mid H$	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Colleen O'Connor					
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
5210 York Road	City Yea	City Year Columbus		0 8	50.00
City	State	Zip Code	Form(Cash,Check		
Columbus	$O \mid H$	43221	check		
Full Name of Contributor		Registration Number, if PAC			
Ty Marsh Street Address					
	Employer/Occupation/Labor Organization*		M D	Y Amount	
57 Riverview Park Drive	Cols Ch	Cols Chamber of Comrce		0 8	75.00
City	State	Zip Code	0 9 2 3 Form(Cash,Check		
Columbus	O H 43214		check	check	
Full Name of Contributor			Registration Num	ber, if PAC	
Matthew Gaddis					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount	
6168 Doewood Street	Gaddis	Gaddis & Sons, Inc		0 8	75.00
City	State	Zip Code	Form(Cash,Check	,etc)	100
Columbus	$O \mid H$	43229	check		
Full Name of Contributor			Registration Num	ber, if PAC	
Theodore Scott					
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
1076 Marland Drive N	Attorney		0 9 2 3	0   8	75.00
City	State	Zip Code	Form(Cash,Check	(,etc)	
Columbus	$O \mid H$	43224	check		
Full Name of Contributor			Registration Num	ber, if PAC	
Arthur Evans					
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
5426 Baneberry Avenue	Retired		0 9 2 3	0 8	75.00
City	State	Zip Code	Form(Cash,Check		
Columbus	$O \mid H$	43235	check		
	<u> </u>				

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	
Total controllions this event	Total experiences was even	Page Total \$ 575 00

<sup>\*</sup> 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)]