

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 Karla R. Rothan			Registration Number, if PAC			
Street Address 110 West First Avenue	Employer/Occupation/Labor Organization* Executive Director		M 0	D 7	Y 10	Amount 100.00
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Francine C. Ryan			Registration Number, if PAC			
Street Address 125 Frankfort Square	Employer/Occupation/Labor Organization* Retired		M 0	D 7	Y 10	Amount 50.00
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Elie Sabbagh			Registration Number, if PAC			
Street Address 6726 Monticello Lane	Employer/Occupation/Labor Organization* Engineer		M 0	D 7	Y 10	Amount 100.00
City Dublin	State O	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Toshia Safford			Registration Number, if PAC			
Street Address 3451 Society Hill Court	Employer/Occupation/Labor Organization* Executive Director		M 0	D 7	Y 10	Amount 50.00
City Columbus	State O	Zip Code 43219	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael L. Silberstein			Registration Number, if PAC			
Street Address 1093 Fountain Lane, Apartment D	Employer/Occupation/Labor Organization* Northwestern Mutual		M 0	D 7	Y 10	Amount 100.00
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) Check			
Full Name of Contributor Constance N. Smith			Registration Number, if PAC			
Street Address 1 Miranova Place, Suite 1525	Employer/Occupation/Labor Organization* Unemployed		M 0	D 7	Y 10	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Barbara G. Smith-Allen			Registration Number, if PAC			
Street Address 8237 Reynoldswood Drive	Employer/Occupation/Labor Organization* Cols State Comm College		M 0	D 7	Y 10	Amount 100.00
City Reynoldsburg	State O	Zip Code 43068	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

16,835.00

Total expenditures this event

3,017.15

Page Total \$ 600.00