

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON				
Full Name of Contributor Larry J Hotchkiss			Registration Number, if PAC	
Street Address 1241 Dublin Road	Employer/Occupation/Labor Organization* Attorney		Mt 0	D 8
City Columbus	State OH	Zip Code 43215	Yr 0	Amount \$250.00
Full Name of Contributor William Burgett			Registration Number, if PAC	
Street Address 3680 Nicoya	Employer/Occupation/Labor Organization* Kokosing Construction		Mt 0	D 8
City Lewis Center	State OH	Zip Code 43035	Yr 0	Amount \$1,000.00
Full Name of Contributor Wayne A Garland Jr			Registration Number, if PAC	
Street Address 48 E 15th Ave	Employer/Occupation/Labor Organization* Buckeye Real Estate		Mt 0	D 8
City Columbus	State OH	Zip Code 43201	Yr 0	Amount \$250.00
Full Name of Contributor Barbara Wright			Registration Number, if PAC	
Street Address 3133 Blue Ridge Road	Employer/Occupation/Labor Organization* Retired		Mt 0	D 8
City Columbus	State OH	Zip Code 43219	Yr 0	Amount \$100.00
Full Name of Contributor Charles W. Owens			Registration Number, if PAC	
Street Address 999 Stoney Creek Road	Employer/Occupation/Labor Organization* Clintonville CRC		Mt 0	D 7
City Columbus	State OH	Zip Code 43235	Yr 3	Amount \$100.00
Full Name of Contributor Columbus Sheet Metal Workers Committee of Political Education			Registration Number, if PAC OH1053	
Street Address 3035 Lamb Avenue	Employer/Occupation/Labor Organization* Labor Union		Mt 0	D 8
City Columbus	State OH	Zip Code 43219	Yr 0	Amount \$250.00
Full Name of Contributor Tobi Furman			Registration Number, if PAC	
Street Address 1961 Waterbrook Lane	Employer/Occupation/Labor Organization* Dir-Jewish Family Service		Mt 0	D 8
City Columbus	State OH	Zip Code 43209	Yr 1	Amount \$50.00

* 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,000.00**