

6

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR TYSON					
Full Name of Contributor MICHAEL SILBERSTEIN				Registration Number, if PAC	
Street Address 1088 FOUNTAIN LN	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43213	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor GLENN L. WATSON				Registration Number, if PAC	
Street Address 2508 SCHAAF DRIVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43209	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor BARBARA A MCGRATH				Registration Number, if PAC	
Street Address 4410 MAY APPLE COURT	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City DUBLIN	State OH	Zip Code 43016	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor JOYCE BEATTY				Registration Number, if PAC	
Street Address 233 S. HIGHT ST SUITE 300	Employer/Occupation/Labor Organization* COMMITTEE FOR JOYCE		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor NATIONWIDE BETTER CITIZENSHIP FUND				Registration Number, if PAC OH259	
Street Address ONE NATIONWIDE PLAZA	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43215-2220	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor TY MARSH				Registration Number, if PAC	
Street Address 57 RIVERVIEW PARK DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City COLUMBUS	State OH	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor MARK CORNA				Registration Number, if PAC	
Street Address 10153 CHELTON WOOD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 07
City POWELL	State OH	Zip Code 43065	Form(Cash,Check,etc) CHECK		Amount 250.00

\* 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 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 \$ 1,550.00