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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 Dan Moncrief				Registration Number, if PAC	
Street Address 1324 18th Ave	Employer/Occupation/Labor Organization* McDaniel's Construction		M 0	D 9	Y 1
City Columbus	State O	Zip Code 43211	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Anne K Jeffrev				Registration Number, if PAC	
Street Address 296 Ashbourne Pl	Employer/Occupation/Labor Organization* Homemaker		M 0	D 8	Y 1
City Columbus	State O	Zip Code 43209	Form (Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Mike Silberstein				Registration Number, if PAC	
Street Address 1088 Fountain Ln	Employer/Occupation/Labor Organization* Insurance Agent		M 0	D 8	Y 1
City Columbus	State O	Zip Code 43213	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Natasha Slesnick				Registration Number, if PAC	
Street Address 1621 N 4th St	Employer/Occupation/Labor Organization* Exec Dir- OSU Star House		M 0	D 8	Y 1
City Columbus	State O	Zip Code 43201	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Barbara Brandt				Registration Number, if PAC	
Street Address 2333 Brentwood Rd	Employer/Occupation/Labor Organization* Consultant		M 0	D 8	Y 1
City Columbus	State O	Zip Code 43209	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Ty Marsh				Registration Number, if PAC	
Street Address 67 Riverview Park Dr	Employer/Occupation/Labor Organization* SWACO		M 0	D 8	Y 1
City Columbus	State O	Zip Code 43214	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Yung-Chen Lu				Registration Number, if PAC	
Street Address 1881 Brandywine Dr	Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 1
City Columbus	State O	Zip Code 43220	Form (Cash, Check, etc) Check		Amount 100.00

* 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 \$ 1,450.00