3	<b>i</b> -	E		
R.	C.	3517	.10(E	3)

Event Date		
Page	1	

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	rrescribed by S	ecretary of State 3/03					
Name of Committee in Full							
Citizens for Priscilla Tyson			In ·	in- N		<u> </u>	
Full Name of Contributor			Registra	tion Num	per, if PA	<b>I</b> C	
Derrick Clay		<del></del>	_	<del></del>	<del></del>		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	<b></b>
33 North 3rd Street				1 3			250.00
City	State	Zip Code		ish,Check			
Columbus	Oh.	Oh 43215		Checl			
Full Name of Contributor			Registrat	tion Num	ber, if PA	١C	
Larry Hotchkiss				_			
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
1241 Dublin Road	- 1		0 8	1   2	1 5		250.00
City	State	Zip Code		sh,Check			
Columbus	Oh	43215		Checl			
Full Name of Contributor				tion Num		۸C	
Michael McCord							
Street Address	Employer/Occor	pation/Labor Organization*	М	D	Ý	Amount	
811 Strawberry Hill Road, West		,		1 3			100.00
City	State	Zip Code		ash,Check		<b></b>	100,00
	l .	43213		Chec	. ,		
Columbus Full Name of Contributor	Oh !	<u>1 <del>1</del></u> 3213	_	tion Num		\C	
1 ··· ·			vegisna	OUR INUM	ioci, II 17	1C	
Michael Silberstein			<del>   </del>		T 17	TA	
Street Address	Employer/Occu	patien/Labor Organization*	M	D	Y	Amount	100.00
1093 Fountain Lane, Apt. D		Two s		111			100.00
City	State	Zip Code		ash,Checl		,	
Columbus	Oh	43213		Chec!			
Full Name of Contributor			Registra	ition Num	ber, if P	۸C	
Donald T. McDaniel							
Street Address	Employer/Occi	pation/Labor Organization*	М	D	Y	Amount	
101 Forbidden Lanes Court				1 0		<u></u>	100.00
City	State	Zip Code		ash,Checl			
Johnstown	Oh l	43031		Chec:	<u>k_</u> _		
Full Name of Contributor	- 111		Registra	ition Num	ber, if P	٩C	
Anne K. Jeffrey							
Street Address	Employer/Occu	ipation/Labor Organization*	М	D	Υ	Amount	<del> </del>
296 Ashburne Place		-	018	1 1 1	115	1	500.00
City	State	Zip Code		ash,Checl			
Columbus	Oh	43209		Chec			
Full Name of Contributor	1.7/11.	1 30407		tion Nun		١C	
Donna J. Keaton			5		, ** * *		
Street Address	Employee (1)	ipation/Labor Organization*		D	ΙΥ	Amount	<del> </del>
	Employer/Occi	-учиотегласт Огданіханон		1 4			100.00
1771 Franklin Avenue	State	Zip Code		114 ash,Checl		` <b></b>	100.00
Columbus		43205					
Columbus	I Oh ∣	45205		Chec	<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	
		Page Total \$ 1.400.00

<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)]