

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				Registration Number, if PAC		
Linda S Danter						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
31 Meadow Park Ave	Exec Dir New Direction Car		0	8	14	100.00
City	State	Zip Code	Form (Cash, Check, etc)			
Bexlev	OH	43209	Check			
Full Name of Contributor				Registration Number, if PAC		
Dorina A James						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
One Miranova Pl Suite 1040	Lardon & Associates		0	8	14	500.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Toshia Safford						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7736 Cheriton Cir	Ctr for Healthv Families		0	8	14	100.00
City	State	Zip Code	Form (Cash, Check, etc)			
Reynoldsburg	OH	43068	Check			
Full Name of Contributor				Registration Number, if PAC		
Teachers for Better Schools						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
929 E Broad St	Labor Organization		0	8	14	1,000.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43205	Check			
Full Name of Contributor				Registration Number, if PAC		
Dana K Bateman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6526 Montgomery Rd	Dentist		0	8	14	25.00
City	State	Zip Code	Form (Cash, Check, etc)			
Cincinnati	OH	45213	Check			
Full Name of Contributor				Registration Number, if PAC		
Nadine Williams						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
50 S Champion Ave	System Analyst		0	8	14	100.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43205	Check			
Full Name of Contributor				Registration Number, if PAC		
Philip A Craig						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5490 Heathrow Dr	Pres-The Craig Grou[0	8	14	200.00
City	State	Zip Code	Form (Cash, Check, etc)			
Powell	OH	43065	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

Total expenditures this event

Page Total \$ 2,025.00