31-E
R.C. 3517.10(B)

Event Date 07/11/2013
Page 8

12

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**			
TOBI FURMAN							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1961 WATERBROOK LANE	DIR-JEWISH FAMILY SER			07	11	13	100.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	OH	43209	CHECK				
Full Name of Contributor				**Registration Number, if PAC**			
COLUMBUS SHEET METAL WORKERS PAC				OH 1053			
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
3035 LAMB AVE	LABOR UNION			07	09	13	500.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	OH	43219	CHECK				
Full Name of Contributor				**Registration Number, if PAC**			
GREGORY JEFFERSON							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
5194 HORSESHOE FALLS DRIVE	CEO-CND			07	11	13	150.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
DUBLIN	OH	43016	CHECK				
Full Name of Contributor				**Registration Number, if PAC**			
SARAH ROGERS							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
920 MONTROSE AVE	Dev. Director			07	11	13	50.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
BEXLEY	OH	43209	CHECK				
Full Name of Contributor				**Registration Number, if PAC**			
JOHN DAWSON							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1783 PENFIELD RD	AGENT			07	14	13	100.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	OH	43227	CHECK				
Full Name of Contributor				**Registration Number, if PAC**			
M CAMERON MITCHELL							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
2000 TREMONT ROAD	OWNER			07	11	13	100.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	OH	43212	CHECK				
Full Name of Contributor				**Registration Number, if PAC**			
ROXYANNE BURRUS							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
7955 CHERITON CIRCLE	PROFESSOR			07	11	13	25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
REYNOLDSBURG	OH	43068	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 $ 1,025.00