31-E
R.C. 3517.10(B)

Event Date 08/12/2014
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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				Registration Number, if PAC			
Robert Chilton							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1003 Cloverly Dr	Exec. Dir- Impact			09	16	14	150.00
City	State	Zip Code		Form(Cash,Check,etc)			
Gahanno	OH	43230		Check			
Full Name of Contributor				Registration Number, if PAC			
Ned Pettus, Jr							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
124 Autumn Rush Cr	Retired			09	12	14	250.00
City	State	Zip Code		Form(Cash,Check,etc)			
Gahanna	OH	43230		Check			
Full Name of Contributor				Registration Number, if PAC			
Nationalwide Mutual Insurance Co PAC				C00076174			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
One Nationwide Plaza	Nationwide Insurance			09	18	14	1,000.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
Paige Crane							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
19 N Drexel Ave	Homemaker			09	09	14	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Bexley	OH	43209		Check			
Full Name of Contributor				Registration Number, if PAC			
Virginia M Okeeffe							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
154 Brandywine Dr Apt D	CEO Amethyst, Inc.			09	10	14	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Westerville	OH	43081		Check			
Full Name of Contributor				Registration Number, if PAC			
Kimberly Blackwell							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1601 W 5th Ave Ste 166	PMM Agency			09	11	14	250.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43212		Money Order			
Full Name of Contributor				Registration Number, if PAC			
Andrew O Eribo							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
7165 Biddick Ct	Engineer			09	02	14	250.00
City	State	Zip Code		Form(Cash,Check,etc)			
New Albany	OH	43054		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 $ 2,050.00