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			
Dale Heydlauff							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2390 Sheringham Rd	American Electric Power			08	08	14	250.00
City	State	Zip Code		Form(Cash,Check,etc)			
Upper Arlington	OH	43221		PayPal			
Full Name of Contributor				Registration Number, if PAC			
Michael David Brown							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
463 N High St 3B	Exec Dir-Harmony Project			08	11	14	250.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		PayPal			
Full Name of Contributor				Registration Number, if PAC			
Lynda Anderson							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
5247 Coppertree Ln	Retired			08	11	14	250.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43232		PayPal			
Full Name of Contributor				Registration Number, if PAC			
Tom Katzenmeyer							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
448 W Nationwide Blvd	Pres-GCAC			08	11	14	500.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		PayPal			
Full Name of Contributor				Registration Number, if PAC			
Rachelle Martin							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
4500 E Broad St	NAMI Franklin County			08	11	14	150.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43213		PayPal			
Full Name of Contributor				Registration Number, if PAC			
Eric Karolak							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
26938 Glenside Ct	Pres-Action for Children			08	11	14	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Olmsted Falls	OH	44138					
Full Name of Contributor				Registration Number, if PAC			
Karla Rothan							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
P.O. Box 163516	Stonewall Columbus			08	11	14	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43216					

* 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 $ 1,600.00