31-E
R.C. 3517.10(B)

Event Date 07/11/2013
Page 9

13

# 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 | | | | | |
|---|---|---|---|---|---|---|
| GEOFFREY A RENSI | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 1011 CITY PARK AVE | DEVELOPER | 07 | 10 | 13 | 100.00 | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| COLUMBUS | OH | 43206 | CHECK | | | |
| Full Name of Contributor | Registration Number, if PAC | | | | | |
| NATIONWIDE MUTUAL INS PAC | FED OH 259 | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| ONE NATIONWIDE PLAZA | NATIONWIDE INSURAN | 07 | 09 | 13 | 1,500.00 | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| COLUMBUS | OH | 43215 | CHECK | | | |
| Full Name of Contributor | Registration Number, if PAC | | | | | |
| VORYS SATER SEYMOUR AND PEASE, LLP | OH109 | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 52 E GAY STREET | FRED RANISER | 07 | 11 | 13 | 250.00 | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| COLUMBUS | OH | 43215 | CHECK | | | |
| Full Name of Contributor | Registration Number, if PAC | | | | | |
| LYNDA ANDERSON | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 5247 COPPERTREE LANE | CONSULTANT | 07 | 06 | 13 | 100.00 | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| COLUMBUS | OH | 43232 | CHECK | | | |
| Full Name of Contributor | Registration Number, if PAC | | | | | |
| LEWIS SMOOT SR | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 3919 SUNBURY ROAD | SMOOT CONSTRUCTION | 07 | 09 | 13 | 250.00 | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| COLUMBUS | OH | 43219 | CHECK | | | |
| Full Name of Contributor | Registration Number, if PAC | | | | | |
| MICHAEL MCCORD | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 811 STRAWBERRY HILL RD W | SELF-EMPLOYED | 07 | 09 | 13 | 100.00 | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| COLUMBUS | OH | 43213 | CHECK | | | |
| Full Name of Contributor | Registration Number, if PAC | | | | | |
| MILTON BAUGHMAN | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount | |
| 321 E SYCAMORE ST | GCAC | 07 | 10 | 13 | 250.00 | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| COLUMBUS | OH | 43206 | 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 $ 2,550.00