31-E
R.C. 3517.10(B)

Event Date 7/11/13
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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					
NANNETTE MACIEJUNES						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
504 W BROADWAY	EXEC DIR-CMA	07	11	13	100.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
GRANVILLE	O | H / 43023	CHECK				
Full Name of Contributor	**Registration Number, if PAC**					
PAUL COLEMAN						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1299 HADDON ROAD	ATTORNEY	07	11	13	250.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	O | H / 43209	CHECK				
Full Name of Contributor	**Registration Number, if PAC**					
DAVE MCCUNE						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
620 E BROAD ST STE 100	CMAGE	07	05	13	500.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	O | H / 43215	CHECK				
Full Name of Contributor	**Registration Number, if PAC**					
LARRY PRICE						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1587 FRANKLIN PAK SOUTH	CONSULTANT	07	12	13	100.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	O | H / 43205	CHECK				
Full Name of Contributor	**Registration Number, if PAC**					
RICK WOLFE						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
59 SPRUCE STREET	EXEC DIR-NO MARKET	07	11	13	100.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	O | H / 43215	CHECK				
Full Name of Contributor	**Registration Number, if PAC**					
SELESHI ASFAW						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
8318 BEDLINGTON DR	EXEC DIR-ETSS	07	11	13	300.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
REYNOLDSBURG	O | H / 43068	CHECK				
Full Name of Contributor	**Registration Number, if PAC**					
RONALD WILEY						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1809 COLLEGE PARK DR	DEPUTY CHIEF-OHIO	07	11	13	200.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	O | H / 43209					

* 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 $ 1,550.00