31-E
R.C. 3517.10(B)

Event Date	08/29/07
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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				
Tena Scott Stewart							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
930 Notchbrook Dr	Retired		0 8	2 9	0 7		25.00
City	State	Zip Code	Form(Cash,Check,etc)				
Delaware	OH	43015	check				

Full Name of Contributor			Registration Number, if PAC				
Olivia Bethley Johnson							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2046 Willow Glen Ln	Nationwide Insurance		0 8	2 7	0 7		50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43229	check				

Full Name of Contributor			Registration Number, if PAC				
Patricia McClimon							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4433 Middle Aspinwall	Children's Hospital		0 8	0 8	0 7		50.00
City	State	Zip Code	Form(Cash,Check,etc)				
New Albany	OH	43054	check				

Full Name of Contributor			Registration Number, if PAC				
Shirleen Green							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4055 Sunbury Rd	Retired		1 0	0 1	0 7		50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43219					

Full Name of Contributor			Registration Number, if PAC				
Kathy Espy							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1350 Brookwood	College Administrator		1 0	0 4	0 7		50.00
City	State	Zip Code	Form(Cash,Check,etc)				

Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

* 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 $ 225.00
1,285.00		