

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 Edwin Hogan				Registration Number, if PAC			
Street Address 2727 Mitzi Drive		Employer/Occupation/Labor Organization* New Visions Group, LLC		M 0	D 9	Y 2	Amount 75.00
City Columbus		State O	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Derrick Clay				Registration Number, if PAC			
Street Address 7717 Early Meadows Road		Employer/Occupation/Labor Organization* New Visions Group, LLC		M 0	D 9	Y 2	Amount 75.00
City Columbus		State O	Zip Code 43082	Form(Cash,Check,etc) check			
Full Name of Contributor Nathan Wymer				Registration Number, if PAC OH259			
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization* Nationwide Insurance		M 0	D 9	Y 2	Amount 500.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Raymond White				Registration Number, if PAC			
Street Address 4600 Tuttle Brooke Drive		Employer/Occupation/Labor Organization* Ribway Engineering		M 0	D 9	Y 2	Amount 75.00
City Dublin		State O	Zip Code 43016	Form(Cash,Check,etc) check			
Full Name of Contributor John Banghart				Registration Number, if PAC			
Street Address 1562 Abraham Woods Drive		Employer/Occupation/Labor Organization* Ribway Engineering		M 0	D 9	Y 2	Amount 75.00
City Columbus		State O	Zip Code 43232	Form(Cash,Check,etc) check			
Full Name of Contributor Andrew Eribo				Registration Number, if PAC			
Street Address 7165 Biddick Court		Employer/Occupation/Labor Organization* Ribway Engineering		M 0	D 9	Y 2	Amount 75.00
City New Albany		State O	Zip Code 43054	Form(Cash,Check,etc) check			
Full Name of Contributor Desmond & Brandi Martin				Registration Number, if PAC			
Street Address 911 Conestoga Drive		Employer/Occupation/Labor Organization* State of Ohio		M 0	D 9	Y 2	Amount 75.00
City Columbus		State O	Zip Code 43213	Form(Cash,Check,etc) cash			

* 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 \$ 950.00