

31-E
R.C. 3517.10(B)

Event Date 7/27/10
Page 6

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 B. Hogan			Registration Number, if PAC	
Street Address 33 North Third Street, Suite 400	Employer/Occupation/Labor Organization* New Visions Group, LLC		M D Y 0 7 2 8 1 0	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Donna A. James			Registration Number, if PAC	
Street Address One Miranova Place, Suite 1040	Employer/Occupation/Labor Organization* Lardon & Associates		M D Y 0 7 2 1 1 0	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Jason Janoski			Registration Number, if PAC	
Street Address 10 East Weber Road, Suite A	Employer/Occupation/Labor Organization* CEO		M D Y 0 7 2 3 1 0	Amount 25.00
City Columbus	State O H	Zip Code 43202	Form (Cash, Check, etc) Online	
Full Name of Contributor Gloria P. Jefferson			Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 1825	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 8 0 2 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Gregory A. Jefferson			Registration Number, if PAC	
Street Address 5194 Horseshoe Falls Drive	Employer/Occupation/Labor Organization* CEO		M D Y 0 7 1 9 1 9	Amount 100.00
City Columbus	State O H	Zip Code 43016	Form (Cash, Check, etc) Check	
Full Name of Contributor Anne K. Jeffrey			Registration Number, if PAC	
Street Address 296 Ashbourne Place	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 7 2 7 1 0	Amount 250.00
City Bexley	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Willie E. Keaton			Registration Number, if PAC	
Street Address 1771 Franklin Avenue	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 2 5 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43205	Form (Cash, Check, etc) 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

16,835.00

Total expenditures this event

3,017.15

Page Total \$ 1,625.00