31-A R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Trescribed by see	recury or state 57 05		TO WAS AN THIN I WANTED		
Name of Committee in Full						
Citizens for Priscilla Tyson			***			
Full Name of Contributor	f Contributor Registration Numb					PAC
Louis M. Wright				******************************		
Street Address	Employer/Occu	pation/Labor Organization*	01001,20100,000			Form (Cash, Check, etc.)
1053 Cambridge Crescent	Norfolk	State University				Online
City	State	Zip Code	М	D	Y	Amount
Norfolk	$V \mid A$	23588	1111	0 1	0 9	25.00
Full Name of Contributor	west from the second second second second second		Registra	ation Nu	mber, if I	PAC
Connie W. Boykin						
Street Address	Employer/Occu	pation/Labor Organization*	Reconstruction			Form (Cash, Check, etc.)
1331 East Gates Street	Retired					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	$O \mid H$	43206	1111	0 2	019	25.00
Full Name of Contributor				NO PROPERTY OF THE PROPERTY OF	mber, if I	Section and the control of the contr
Edwin Ayers					,	
Street Address	Employer/Occu	pation/Labor Organization*	_			Form (Cash, Check, etc.)
3050 Dale Avenue		,				Online
City	State	Zip Code	М	D	ΙΥ	Amount
Columbus	OIH	43209	1111	1 5		50.00
Full Name of Contributor					mber, if I	
David Yeager					+.,	
Street Address	Employer/Occu	pation/Labor Organization*		Z-100-1200-120-120-120-120-120-120-120-12		Form (Cash, Check, etc.)
3374 Column Drive	1	Real Estate Group				Online
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43221	1111	115	1	100.00
Full Name of Contributor		T. I have been to	CONTRACTOR DESCRIPTION	Contract Contract Contract Contract	mber, if I	- December of the contraction of
Tail Plante of Contributor			Registre	ution ita	iniber, ir i	710
Street Address	Employer/Occu	pation/Labor Organization*	_L			Form (Cash, Check, etc.)
orece radies	Zinpioyen occu	pution Euror Organization				ar orm (Gash) Gheek, eter,
City	State	Zip Code	Тм	T D	ΙΥ	Amount
		Zip code	1 'i		li	ranounc
Full Name of Contributor			Registr	ation Nu	mber, if I	PAC
Tail Paint of Contributor			i ce gisti i	acion iva	111001, 11 1	
Street Address	Employer/Occu	pation/Labor Organization*		Station (Indiana)		Form (Cash, Check, etc.)
or contracts	Zimpioyen occo	pation Labor Organization				Tom (Gash) Gheek, etc.)
City	State	Zip Code	M	D	Ιv	Amount
City		Zip code	1 1		1 1	7 tinodiit
Full Name of Contributor			Pagistr	ation Nu	mber, if I	DAC
rain vaine of Contributor			i Kegisti e	acion inu	iliber, ir i	AC
Street Address	Employer/Occ	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
Street Address	Employer/Occi	ipation/ Labor Organization				Form (Cash, Check, etc.)
Chu	C4-4-	7:- C- 4-	1 1/	1 5	T v	A
City	State	Zip Code	M	D	Υ	Amount
C III C C III			1	<u> </u>	ببلب	
Full Name of Contributor			Registra	ation Nu	mber, if I	PAC
C. All	TE (/0		<u> </u>		***************************************	TE COLUMN TO THE PARTY OF THE P
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
<u> </u>		I				<u> </u>
City	State	Zip Code	M	D	Υ	Amount

* 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)]

Page Total	\$ 200.00