31-A R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Priscilla Tyson						
Full Name of Contributor			Registra	ation Nu	mber, if	PAC
Michael McCord						
Street Address	Employer/O	cupation/Labor Organization	k			Form (Cash, Check, etc.)
811 Strawberry Hill Road West	Attorn	ev				Check
City	State	Zip Code	М	D	ΙΥ	Amount
Columbus	015		10	2 6	0 9	50.00
Full Name of Contributor		2.0 2.0			mber, if	The state of the s
Herbert Rankin			, Togo			
Street Address	Employer/Oc	ccupation/Labor Organization	*			Form (Cash, Check, etc.)
1114 Berkeley Road	i	Columbus				Cash
City	State	Zip Code	I M	D	Ιγ	Amount
Columbus	0 1	. 1	10	1	1	
Full Name of Contributor		* 1 *£0Z.00			0 9 mber, if 1	100.00
Tan I value of Contributor			Registi	ation is a	mber, m	AC
Street Address	Employer/Oc	ccupation/Labor Organization	*			Form (Cash, Check, etc.)
	Employen	capation Labor Organization				Tom (Cash, Check, etc.)
City	State	Zip Code	М	D	Τv	Amount
,		Lip couc		lí		Amount
Full Name of Contributor			Pagistr	otion Mu	mber, if I	I DAC
Tall Hame of Continues			Registre	ation is u	moer, ir i	AC
Street Address	Employer/Oc	ccupation/Labor Organization	k			Form (Cash, Check, etc.)
Server Address	Employen	ecupation/ Labor Organization				Tomi (Cash, Check, etc.)
City	State	Zip Code	M	D	ΙΥ	Amount
City	State	Zip Code	111		1 1	Amount
Full Name of Contributor			Pogistra	tion Nu	mber, if I	
Tall Walle of Collembator			Kegisti	auon Nu	ilibei, ii i	AC
Street Address	Employer/Oc	cupation/Labor Organization				France (Cook Charles and
Street Address	Linployer/ Oc	cupation/ Labor Organization				Form (Cash, Check, etc.)
City	State	Ti- C-4	1 12	T 5	1	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			.	<u> </u>	٠, ١, ١,	
Tuli Name of Contributor			Registra	HUOH INU	mber, if I	AC
Street Address	Ir.malayay/Oc		<u> </u>			
Street Address	Employer/Oc	cupation/Labor Organization	•			Form (Cash, Check, etc.)
City		77. 6 1	1 37	1 5	1	
City	State	Zip Code	M	D	Y	Amount
Full Name of Constitute				ļ.,		
Full Name of Contributor			Registra	ation Nu	mber, if I	AC
Course Addison	15 , ,				**********************	
Street Address	Employer/Oc	cupation/Labor Organization*	Y			Form (Cash, Check, etc.)
					,	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ition Nu	mber, if I	PAC
Street Address	Employer/Oc	cupation/Labor Organization*	•			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	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 :	\$	150.00
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