31-A R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		***************************************	-			00100000				
Name of Committee in Full										
Citizens for Priscilla Tyson		o di		angen and a second						
Full Name of Contributor					ation N	um	ber, if P	AC		
Louis M. Wright					VIII. I VIII. V					
Street Address	Employer/					Form (Cash, Check, etc.)				
1053 Cambridge Crescent	Norf	Norfolk State University						Online		
City	State		Zip Code	М	D		Y	Amount		
Norfolk	V	Α	23588	1 1		1	0 9		25.00	
Full Name of Contributor				Registr	ation N	um	ber, if P	PAC		
Connie W. Boykin						with the last of t				
Street Address	Employer/	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
1331 East Gates Street	Retir	Retired						Check		
City	State		Zip Code	М	D		Y	Amount		
Columbus	0	H	43206	1 1			0 9		25.00	
Full Name of Contributor				Registr	ation N	lum	ber, if P	PAC		
Edwin Ayers					*******************************	1010000000000				
Street Address	Employer/	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
3050 Dale Avenue								Online		
City	State	e	Zip Code	М	D	-	Υ	Amount		
Columbus	0	H	43209	1 1	1	5	0 9		50.00	
Full Name of Contributor				Registr	ation N	lum	ber, if F	PAC		
David Yeager										
Street Address	Employer					Form (Cash, Che	ck, etc.)			
3374 Column Drive	Yeag	er F	Real Estate Group					Online		
City	State		Zip Code	М	D	-	Y	Amount		
Columbus	0	H	43221	1 1	1	5	0 9		100.00	
Full Name of Contributor				Registr	ation N	lun	nber, if F	PAC		
C	Employer	To the Constraint of the Const						Form (Cash, Che	ck etc.)	
Street Address	Employer	Employer/Occupation/Labor Organization*						torin (Cush) Che	eny etery	
City	State	ρ	Zip Code	М	D		Y	Amount		
City	Juli		Zip code		Ĩ		Ì			
Full Name of Contributor				Registi	ation N	Jun	iber, if I	PAC		
Turi Paric of Contributor							,			
Street Address	Employer/Occupation/Labor Organization*						one in the contract of an execu-	Form (Cash, Che	ck, etc.)	
City	Stat	e	Zip Code	М	D		Y	Amount		
Full Name of Contributor	en e			Registi	ation N	Jun	nber, if l	PAC		
						(A)				
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Che	ck, etc.)	
City	Stat	e	Zip Code	М	D		Y	Amount		
Full Name of Contributor				Registi	ration N	lun	nber, if I	PAC		
Street Address	Employer.					Form (Cash, Che	eck, etc.)			
							·····			
City	Stat	e	Zip Code	M	D		Y	Amount		
						in and a second				

* 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