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31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
CITIZENS FOR PRISCILLA TYSON						
Full Name of Contributor					**Registration Number, if PAC**	
GLORIA C LETTS						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
6120 NICHOLAS GLEN	RETIRED					CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
COLUMBUS	O | H	43213	1 | 0	2 | 1	1 | 3	100.00
Full Name of Contributor					**Registration Number, if PAC**	
EDWIN AYERS						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
3050 DALE AVE	JPMORGAN CHASE					CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
COLUMBUS	O | H	43209	1 | 0	2 | 0	1 | 3	50.00
Full Name of Contributor					**Registration Number, if PAC**	
RICHARD RYAN						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
125 FRANKFORT SQ	RETIRED					CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
COLUMBUS	O | H	43206	1 | 0	2 | 5	1 | 3	25.00
Full Name of Contributor					**Registration Number, if PAC**	
DAN FRYE						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
729 S 3RD STREET	FRYE PROPERTIES					CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
COLUMBUS	O | H	43206	1 | 0	2 | 1	1 | 3	200.00
Full Name of Contributor					**Registration Number, if PAC**	
PETER CASS						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
305 OLENTANGY ST	RETIRED					CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
COLUMBUS	O | H	43202	1 | 0	2 | 3	1 | 3	150.00
Full Name of Contributor					**Registration Number, if PAC**	
FOP POLICITAL EDUCATION FUND						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
6800 SCHROCK HILL CT	FOP					CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
COLUMBUS	O | H	43229	1 | 0	0 | 3	1 | 3	1,000.00
Full Name of Contributor					**Registration Number, if PAC**	
DIANE GLIMCHER						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
10 N DREXEL AVE	HOMEMAKER					CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
COLUMBUS	O | H	43209	1 | 0	2 | 3	1 | 3	250.00
Full Name of Contributor					**Registration Number, if PAC**	
HENRY C EVANS						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
6644 FEDER RD	RETIRED					CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
GALLOWAY	O | H	43119	1 | 0	2 | 0	1 | 3	200.00

* 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 $ 1,975.00