31-A R.C. 3517.10

Page	<u>5</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full										
Citizens for Priscilla Tyson										
Full Name of Contributor		2000 AND THE REAL PROPERTY.		Regi	stra	tion N	umbe	r, if	PAC	
Catherine Willis				Market Ma						
Street Address	Employer/	Occup	oation/Labor Organization*	-Colemanicano	itemenistras	a esta de la companya	tikondi rockis	ojenje pri od over od	Form (Cash, Check	, etc.)
191 Melyers Court	Retired								Check	
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Columbus	01	H	43235	1	n	0 6	sla	19		25.00
Full Name of Contributor	nilosomenmus santosa					tion N				
Georgia W. Morgan										
Street Address	Employer/	Occur	pation/Labor Organization*	. Second	,	II	************	**************************************	Form (Cash, Check	(, etc.)
1590 Hallworth Court	Teacher							Check	, ,	
City	State		Zip Code	M		D	Т	Υ	Amount	
Columbus	01	Н	43232			0 9		9	B .	25.00
Full Name of Contributor		union province	A. C. J. dans C. J. dans							
Full Name of Contributor Registration Number, if PAC Franklyn V. Duffy, Jr										
Street Address	Employer/	Оссиг	oation/Labor Organization*	<u> </u>	eccusion.	*****		*************	Form (Cash, Check	c etc)
1454 Wakefield Court East	State								Check	
City	State		Zip Code	М		D		Υ	Amount	
Columbus		Н	43209	1		1 1		19	8	75.00
Full Name of Contributor		A. A.	10207			AND DESCRIPTION OF THE PARTY OF			Same and the same	73.00
Full Name of Contributor Registration Numb							:1, 11	AC		
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City	State		Zip Code			ין		1	Amount	
Full Name of Contributor	<u> </u>	***************************************		Door	ctro	tion M		:6		
Tuli Name of Contributor				Kegi	SU d	tion N	иние	:1, 11	rAC	
Street Address	Ir.aniavar/	<u> </u>	action/Labor Oversitation*	<u> </u>	*********	~~~			Favor (Cash, Chash	
otieet Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)									
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City	State	!	Zip Code	M		D		Y	Amount	
Full Name of Council or						بلب			<u>l</u>	Zlačoju seč postavehnom nopozovom,
Full Name of Contributor				Kegi	stra	tion N	umbe	er, if	PAC	
C Add	Te				and the same of th		- Stanoon	eratoreas co		***************************************
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Full Name of Contributor				Regi	stra	tion N	umbe	er, if	PAC	
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Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				c, etc.)					
City	State		Zip Code	М		D	T	Υ	Amount	
								\perp		

* 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 S	5	125.00
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