

**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 Nu	Registration Number, if PAC				
Catherine Willis							
Street Address	Employer/Occ	tion*		Form (Cash, Check, etc.)			
191 Melyers Court	Retired		Check				
City	State	Zip Code	M D	Y	Amount		
Columbus	OLH	43235	1006		25.00		
Full Name of Contributor			Registration Nu	ımber, if P	AC		
Georgia W. Morgan							
Street Address	Employer/Occ	tion*		Form (Cash, Check, etc.)			
1590 Hallworth Court	Teacher				Check		
City	State	Zip Code	M D	Υ	Amount		
Columbus	OIH	1	1 0 0 9	0 9	25.00		
Full Name of Contributor			Registration Nu				
Franklyn V. Duffy, Jr				•			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1454 Wakefield Court East	State of				Check		
City	State	Zip Code	M D	Y	Amount		
Columbus	OIH	I .	110111	1 .			
Full Name of Contributor			Registration No		Sample of the control		
Tan reade of Contributor			<u></u>	, -			
Street Address	Employer/Occ	upation/Labor Organiza	ition*		Form (Cash, Check, etc.)		
Street Address	Z.iipioyeii Occ				, ,,,		
City	State	Zip Code	M D	ΙΥ	Amount		
GICY		-16 -22-2					
Full Name of Contributor		1	Registration Nu	umber, if I	PAC		
Tun Manie of Contributor			A CERTIFICATION 140				
Street Address	Employer/Occ	upation/Labor Organiza	ation*	Form (Cash, Check, etc.)			
Priest Vanies	Employer/Occ						
City	State	Zip Code	M D	ΙΥ	Amount		
City	State	Zip Code			2 mount		
Full Name of Contributor			Registration N	umber if I	PAC		
Full Name of Contributor			izeRizit anon 14	unioci, il I	110		
Coura Addison	Employer/On	cupation/Labor Organiza	ntion*		Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*		IUOII	FORM (Cash, Check, etc.)			
	Ctata	7in Code	MD	Ιγ	Amount		
City	State	Zip Code		1	r/tinount		
T What is a Constitute			Registration N	umber if i	PAC .		
Full Name of Contributor			registration N	amber, if I	, AC		
	F ( ( )	wastian /Lab Ores	ntion *		Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*		HUOII"		From (Cash, Check, etc.)		
		17: C. 1	17715	1 7	Amarint		
City	State	Zip Code	M D	Y	Amount		
Full Name of Contributor			Registration N	umber, if l	PAC		
Street Address	Employer/Oct	ation*		Form (Cash, Check, etc.)			
City	State	Zip Code	M 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 \$ 125.00