31-A
R.C. 3517.10

2

Page 1

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**	
FRANKLYN DUFFY							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
1454 WAKEFIELD CT E	RETIRED					CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
COLUMBUS	O | H	43209	07	20	13	59.99	
Full Name of Contributor						**Registration Number, if PAC**	
PHILIP T. DANIEL							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
8161 FLINT RD	PROFESSOR					CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
COLUMBUS	O | H	43235	08	05	13	250.00	
Full Name of Contributor						**Registration Number, if PAC**	
ED HOGAN							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
33 N THIRD STREET STE 400	NEW VISIONS GROUP					CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
COLUMBUS	O | H	43215	08	07	13	250.00	
Full Name of Contributor						**Registration Number, if PAC**	
JAMES DAVIDSON							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
5163 CHAFFINCH CT	PARTNER-ICE MILLER					CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
DUBLIN	O | H	43017	07	25	13	250.00	
Full Name of Contributor						**Registration Number, if PAC**	
VICTORIA POWERS							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
291 S CASSINGHAM ROAD	ATTY-ICE MILLER					CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
COLUMBUS	O | H	43209	07	25	13	250.00	
Full Name of Contributor						**Registration Number, if PAC**	
NISOURCE INC PAC						C000051979	
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
200 CIVIC CENTER DRIVE	COLUMBIA GAS					CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
COLUMBUS	O | H	43215	07	29	13	150.00	
Full Name of Contributor						**Registration Number, if PAC**	
ANITA I CANDLER							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
8741 SWISHER CREEK CROSSING	HOMEMAKER					CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
NEW ALBANY	O | H	43054	08	09	13	100.00	
Full Name of Contributor						**Registration Number, if PAC**	
YOLANDA WILLIS							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
1717 ROSE VIEW DR	HOMEMAKER					CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
COLUMBUS	O | H	43209	08	19	13	50.00	

* 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 $ 1,359.99