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				
Michael McCord									
Street Address	Employer/Occ	*			Form (Cash, Check, etc.)				
811 Strawberry Hill Road West	Attorne				Check				
City	State	Zip Code	М	D	Υ	Amount			
Columbus	OIH	43213	1 0	2 6	0 9		50.00		
Full Name of Contributor				tion Nur		AC			
Herbert Rankin					,				
Street Address	Employer/Occ	*			Form (Cash, Chec	ck, etc.)			
1114 Berkeley Road	City of				Cash				
City	State	Zip Code	М	D	Υ	Amount			
Columbus	OIH	43206	110	2 7	019	8	100.00		
Full Name of Contributor		***************************************	THE RESERVE OF THE PARTY OF THE	ation Nur	diamenta de la companya della companya della companya de la companya de la companya della compan	Construction of the contract o	200100		
rui Name of Contributor			region						
Street Address	Employer/Occupation/Labor Organization*				iiiniteidaaaalaa <u>aaaji</u>	Form (Cash, Chec	ck, etc.)		
City	State	Zip Code	М	D	Y	Amount			
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Full Name of Contributor			Registra	ation Nu	nber, if I	PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	ck, etc.)		
City	State	Zip Code	М	D	Y	Amount			
			1	1					
Full Name of Contributor			Registr	ation Nu	nber, if l	PAC			
Street Address	Employer/Occ	1*			Form (Cash, Che	ck, etc.)			
City	State	Zip Code	М	D	Y	Amount			
				-					
Full Name of Contributor			Registr	ation Nu	mber, if	PAC			
Tall Name of Contributor					•				
Street Address	1*			Form (Cash, Che	ck, etc.)				
Street Address	Employer/Occ					, ,			
City	State	Zip Code	М	D	Υ	Amount			
City									
Full Name of Contributor			Registr	ation Nu	mber, if	PAC.			
run Maine of Contributor			Region	u					
Street Address	Employer/Occ	cupation/Labor Organization	 1*		the of the sales and the sales are sales as the sales are sales are sales are sales are sales are sales are sa	Form (Cash, Che	ck, etc.)		
Street Address	Employen	Employer/Occupation/Labor Organization					,,		
City	State	Zip Code	М	D	Y	Amount			
City		Lip couc							
Full Name of Contributor Registration Number, if						PAC	Marchaelle Comment of the Comment of		
run Name of Contributor			TCC BISCI	acion iva	mbery m	.,,,			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
oneer Addiess	Employer/Occ								
<u></u>	Seaso	Zip Code	М	D	Υ	Amount			
City	State	Zip Code	1 1,1	١ ا		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 \$ ______150.00