31-A R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			-					
Citizens for Priscilla Tyson								
Full Name of Contributor			Registr	ation Nu	mber, if F	PAC		
Theodore Scott			T C SISCIN	30017 1401	inder, ii i	7.0		
Street Address	Employer/Occu	pation/Labor Organization*	_			Form (Cash, C	Check, etc.)	
1076 Marland Drive North	Attorney					Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43224	1110	1 6	0 9		200.00	
Full Name of Contributor					mber, if F			
Otto Beatty, Jr								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	Check, etc.)			
233 South High Street	Attorney				Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43215	110	1 9	0 9		150.00	
Full Name of Contributor			Registra	ation Nu	nber, if F	AC		
Charleta Tavares								
Street Address	Employer/Occu	pation/Labor Organization*	occupations			Form (Cash, Check, etc.)		
1237 Medford Road	City of (Columbus				Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43209	10	1 9	0 9		500.00	
Full Name of Contributor			Registra	ition Nu	nber, if F	AC	***************************************	
Edmund F. Brown			<u> </u>	State Company of the Company				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, C	Check, etc.)		
4662 Tatersall Drive	Attorney					Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43230	10		09		50.00	
Full Name of Contributor			Registra	ition Nui	nber, if F	PAC		
Frederick D. Benton, Jr								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
786 South Front Street, Suite 204	Attorney				Check			
Columbus	State H	Zip Code	M	D	Y	Amount	100.00	
Full Name of Contributor		43206		2 2		<u>L</u>	100.00	
Nathan P. Wymer	Registration Number, if F				AC			
Street Address	OH259 Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
One Nationwide Plaza, 1-32-06	Nationwide Better Citizenship Fund							
City	State	Zip Code	ирг Гм		ΙΥ	Check Amount		
Columbus	O H	43215	1	2/2	0 9		500.00	
Full Name of Contributor		TO A.L.O			nber, if P		300.00	
Willie E. Keaton			Registre	ition ivui	iibei, ii i	AC		
Street Address	Employer/Occu	pation/Labor Organization*		Salara de la companya del companya de la companya del companya de la companya de		Form (Cash, C	Sheck, etc.)	
1771 Franklin Avenue	Retired					Check		
City	State	Zip Code	M	D	Υ	Amount		
Columbus	OIH	43205	10	1 .			100.00	
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE		nber, if P	AC	100.00	
Thomas S. Diamond					, •	_		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2811 Kensington Place East	City of Columbus			Check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	0 H	43202	1 0	2 6	0 9		50.00	
	The second secon			and American States of the Sta	and the second second second		en brown for Coura Coura Coura novy and contract post a contract cold.	

* 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 \$	1,650.00
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