31-A R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

50 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -									
Name of Committee in Full									
Citizens for Priscilla Tyson	-								
Full Name of Contributor					Registration Number, if PAC				
	HotCards Columbus (Service Refund)								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	neck, etc.)	
27 East Fifth Avenue							<u>Credi</u> t		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	01	H	43201	017	1 6	1 0		50.00	
Full Name of Contributor					tion Nur				
Contributions from Form 31-E									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
	7/27/10 Conservatory Fundraiser					,	144.7 4,		
City		State Zip Code		M	l D	Y	Amount		
Sity .	1 7		Zip Code					4 925 OO	
Full Name of Contributor								6,835.00	
	Priscilla R. Tyson (Traveling Cash Refunds: 11/6/09 & 3/12/10)								
	1 ' '	Employer/Occupation/Labor Organization*					Form (Cash, Ch	neck, etc.)	
1465 East Broad Street	+		Gallery				Cash_		
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	H	43205	0 8	0 2	$1 \mid 0$		350.00	
Full Name of Contributor					tion Nur		PAC		
LoAnn W. Crane									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check,					neck, etc.)			
1 Miranova Place, Suite 515		Unemployed					Check		
City	Sta		Zip Code				Amount		
Columbus	آما	H	43215	018	1 .		7 (11,00,11)	100.00	
Full Name of Contributor			40210	_				100.00	
Full Name of Contributor Frances Curtis Frazer Registration Number, if PAC									
	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
3466 Bolton Avenue		Consultant			Check				
City	Sta		Zip Code	М	D	Y	Amount		
Columbus	0	Н	43227	0 8	1 1	1 0		100.00	
Full Name of Contributor				Registra	tion Nur	nber, if F	PAC		
T-Mobile, Inc. of Whitehall (Merchandise Return)									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	ieck, etc.)		
3596 East Main Street	1						Credit		
City	Sta	ite	Zip Code	М	D	ΙΥ	Amount	 	
Whitehall	Ιοï	Н	43213		217	110		21.34	
Full Name of Contributor			10210					41.03	
Registration Number, if PAC Christie Angel									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
	•				P .	ieck, etc.)			
206 East Beck Street	Sean P. Dunn & Associates Check								
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	H	43206		3 0		<u></u>	500.00	
Full Name of Contributor Registration Number, if PAC									
Donald Watson									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
7958 Steeplechase Court	Attorney						Check		
City	Sta		Zip Code	М	D	Y	Amount		
Port Saint Lucie	F	L	34986	lnig	0 2	$ _{1 0 }$		100.00	
			02700	1012	V =	1 0		100,00	

* 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 \$	18,056.34