31-A R.C. 3517.10

Page <u>1</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	A TOO CHOOL DIE	,			The second second			
Name of Committee in Full	200000000000000000000000000000000000000							
Citizens for Priscilla Tyson					***************************************			
Full Name of Contributor		Registrat	tion Nur	nber, if P	AC			
Priscilla Tyson (Deposit to Wron	g Account)							
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
268 South Harding Road	Star Ar	ts Limited				Check/Deposit		
City	State	Zip Code	М	D	Y	Amount		
Columbus	0 H	43209	0 3	0 6	0 9	216.67		
Full Name of Contributor			Registra	tion Nu	mber, if F	PAC		
Contributions from Form 31-E								
Street Address	upation/Labor Organizatio	n*	verkenskapata en kalibrille		Form (Cash, Check, etc.)			
• · · · · · · · · · · · · · · · · · · ·	5/13/0							
City	State	Zip Code	М	D	Y	Amount		
Cit,			015	1 3	0 9	4,450.00		
Full Name of Contributor				Registration Number, if PAC				
Tuli Name of Contributor								
eet Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
Street Address		2,						
City	State	Zip Code	М	D	Υ	Amount		
Full Name of Contributor			Registra	tion Nu	mber, if	PAC		
ruii Name of Contributor					,			
Cura et Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Street Address	Zimpioyen Ce	,						
	State	Zip Code	M	D	ΙΥ	Amount		
City	State	Zip Code	1 1		1			
E that are Constituted			Registra	ation Nu	mber, if	PAC		
Full Name of Contributor			Registre	ition ita	inder, ii	,,,,,		
treet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Street Address	Employer/ Oc	Employer/Occupation/ Labor Organization				tom (dash) directly death		
	Ctata	Zip Code	М	D	Υ	Amount		
City	State	Zip Code			li	Timount		
			Dogistra	ation Mu	mber, if	P A C		
Full Name of Contributor			Registra	ation Nu	iiiibei, ii	IAC		
					Form (Cash, Check, etc.)			
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				Torri (Casil, Check, etc.)		
		17: 6 1	- I M	I D	ΙΥ	Amount		
City	State	Zip Code	M	D		Amount		
			D			DA C		
Full Name of Contributor					Registration Number, if PAC			
						Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ation Nu	ımber, if	PAC		
treet Address Employer/Occupation/Labor Organization						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 \$ 4,666.67