**31-A** R.C. 3517.10

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	<i>,</i>			organi Speki in Indonesiya da Paristo				
Name of Committee in Full								
Citizens for Priscilla Tyson		DESCRIPTION OF THE ORIGINAL STATE OF THE ORIGINAL PROPERTY OF THE ORIGI			NIBOUS STATEMENT STATEMENT	Marini de Calendario de Ca		
Full Name of Contributor				Registration Number, if PAC				
Torri Warner								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
8520 Morris Road	Life Sim	Life Simplifiers, LLC			Check			
City	State	Zip Code	М	D	Υ	Amount	-	
Hilliard	0   H	43026	0 9	2 4	0 9		50.00	
Full Name of Contributor			the second second second second second	tion Nur	A CONTRACTOR OF THE PARTY OF TH	PAC		
Chester Christie								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
1344 Eldorn Drive	City of (	City of Columbus				Check		
City	State	Zip Code	M	D	Υ	Amount		
Columbus	$I \cap I \cap H$	43207	lola	2 5	0 9		50.00	
Full Name of Contributor		TO beautiful			egistration Number, if PAC			
Donald McDaniel			T C S I C C					
Street Address	Employer/Occi				Form (Cash, Check, etc.)			
101 Forbidden Lakes Court	Employer/Occupation/Labor Organization* Retired					Check		
City	State	Zip Code	М	D	ΙΥ	Amount		
Johnstown	0   H	43031		1		ŧ	E0.00	
Full Name of Contributor		1 43031		2 5			50.00	
Contributions from Form 31-E	Registration Number, if F					AC		
Street Address	IF//O	upation/Labor Organization*		50000 5.00 000 o o o o o o o o o	0-25022	Br /C		
Street Address			Form (Cash, Check, etc.)					
Ċ.		9/26/09 Garner Fundraise						
City	State	Zip Code	M	D		Amount	040.00	
				2 6			310.00	
Full Name of Contributor			Registra	tion Nur	nber, if F	AC		
Contributions from Form 31-E					***************************************			
Street Address	4	Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
	10/1/09	10/1/09 Women's Fundra		iser				
City	State	Zip Code	М	D	Υ	Amount		
			1 0	0 1	0 9		7,105.00	
Full Name of Contributor			Registra	tion Nur	nber, if F	PAC		
Frank Watson								
Street Address	Employer/Occı				Form (Cash, Check, etc.)			
1469 Picard Road	City of (				Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43227	110	0 2	0 9		50.00	
Full Name of Contributor				tion Nur		AC	<u> </u>	
Pasquale Manzi		PC	PCE 3161					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
555 East Rich Street, Room 217	Cols/Ce	Cols/Central OH Bldg Tra			1	Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OIH	43215	ŀ	0 6			1,000.00	
Full Name of Contributor		A. C. Sou, E. C.		tion Nur		PAC	1,000.00	
Larry Metzger			e	CON IXUI				
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cach	Check otc \	
2700 Airport Drive	1	Central Ohio Realtors PAC				Form (Cash, Check, etc.) Check		
City	State				ΙΥ	Amount		
Columbus	0   H	43219	M	D		H	1 000 00	
Columbas		1 40417	1110	0 6	0 9		1,000.00	

\* 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 \$ 9,615.00