

FILED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS
Registration Number, if PAC

07 JUL 31 PM 2:52

| | | | | | | | | | | |
|---|-------------|--|--|--|--------------------------------------|------------------|-----------------------------|------------|-------------|---|
| Full Name of Committee CITIZENS FOR PRISCILLA TYSON | | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate PRISCILLA R. TYSON | | | | | | | | | | |
| Street Address 1465 EAST BROAD STREET | | | | | Office Sought CITY COUNCIL | | | District | | |
| City COLUMBUS | | | | | State O H | | Zip Code 43205 | | | |
| Type of Report (place X to the left of report type) | Pre-Primary | | Post-Primary | | Pre-General | | Post-General | | Annual Year | |
| | July | | August | | September | | Termination | | Semiannual | |
| | Monthly | | Monthly | | Monthly | | Monthly | | X | |
| Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Date of Election | | M | D | Y |
| | | | | | | 1 1 | | 0 6 | 0 7 | |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

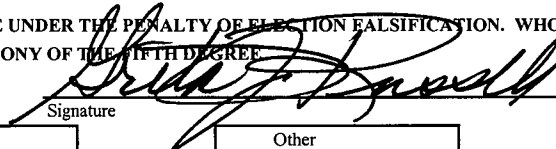
| | |
|--|--------------|
| 1. Amount brought forward from last report | \$ 827.05 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ 13,345.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ 2,500.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ 16,672.05 |
| 5. Total monetary expenditures (from Form No. 31-B) | \$ 8,910.28 |
| 6. Balance on hand (line 4 minus line 5) | \$ 7,761.77 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ 146.97 |
| 8. Value of in-kind contributions made (from Form No. 31-J-2) | \$ |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ |
| 13. For Electronic Filing Entries only | \$ |
| Sum of lines 2, 7 and amount of any new loans received this period | \$ |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

GRETA J. RUSSELL, TREASURER

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



07/31/07

Date

Contribution pages 15

Expenditure pages 4

Other pages 1

Total pages 20

2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|---|-------------------|-------------------|--|---------------------------|--|
| Name of Committee in Full CITIZENS FOR PRISCILLA TYSON | | | | | | | |
| Full Name of Contributor JEWELL K GARRISON | | | | | Registration Number, if PAC | | |
| Street Address 936 HARBORTON DRIVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | State O H | Zip Code 43228 | M 0 4 | D 1 9 | Y 0 7 | Amount 250.00 | |
| Full Name of Contributor MICHAEL L SILBERSTEIN | | | | | Registration Number, if PAC | | |
| Street Address 1088 FOUNTAIN LANE, APT F | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | State O H | Zip Code 43213 | M 0 4 | D 1 9 | Y 0 7 | Amount 100.00 | |
| Full Name of Contributor GARY A GLASER | | | | | Registration Number, if PAC | | |
| Street Address 866 CAMBRIDGE COURT | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City WORTHINGTON | State O H | Zip Code 43085 | M 0 4 | D 2 9 | Y 0 7 | Amount 400.00 | |
| Full Name of Contributor KATHY E ESPY | | | | | Registration Number, if PAC | | |
| Street Address 1350 BROOKWOOD PL | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | State O H | Zip Code 43209 | M 0 5 | D 1 7 | Y 0 7 | Amount 50.00 | |
| Full Name of Contributor JERRY SAUNDERS | | | | | Registration Number, if PAC | | |
| Street Address 2788 FLORIBUNDA DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | State O H | Zip Code 43209 | M 0 5 | D 1 5 | Y 0 7 | Amount 150.00 | |
| Full Name of Contributor DONALD T MCDANIEL | | | | | Registration Number, if PAC | | |
| Street Address 101 FORBIDDEN LAKES CT | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City JOHNSTOWN | State O H | Zip Code 43031 | M 0 5 | D 1 5 | Y 0 7 | Amount 100.00 | |
| Full Name of Contributor NADINE P WILLIAMS | | | | | Registration Number, if PAC | | |
| Street Address 50 S CHAMPION AVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | State O H | Zip Code 43205 | M 0 5 | D 1 5 | Y 0 7 | Amount 250.00 | |
| Full Name of Contributor I.B.E.W.-C.O.P.E | | | | | Registration Number, if PAC | | |
| Street Address 900 SEVENTH STREET NW | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | | |
| City WASHINGTON | State D C | Zip Code 20001 | M 0 5 | D 2 2 | Y 0 7 | Amount 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | |
|--|-----------------------|---|-------------------|---|--|-------------------------|
| Name of Committee in Full CITIZENS FOR PRISCILLA TYSON | | | | | | |
| Full Name of Contributor WARREN W TYLER | | | | Registration Number, if PAC | | |
| Street Address 3409 RIVER SEINE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State O H | Zip Code 43221 | M 0 5 | D 2 7 | Y 0 7 | Amount 150.00 |
| Full Name of Contributor M CAMERON METCHELL | | | | Registration Number, if PAC | | |
| Street Address 2000 TREMONT RD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State O H | Zip Code 43212 | M 0 6 | D 0 7 | Y 0 7 | Amount 100.00 |
| Full Name of Contributor OHIO & VICINITY REGIONAL COUNCIL-CARPENTERS,JAC | | | | Registration Number, if PAC PCE | | |
| Street Address 1394 COURTRIGHT RD | | Employer/Occupation/Labor Organization* CARPENTERS' UNION | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State O H | Zip Code 43227 | M 0 5 | D 1 6 | Y 0 7 | Amount 500.00 |
| Full Name of Contributor CARPENTERS LOCAL UNION #200 | | | | Registration Number, if PAC 10288 | | |
| Street Address 1545 ALUM CREEK DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State O H | Zip Code 43209 | M 0 5 | D 1 6 | Y 0 7 | Amount 500.00 |
| Full Name of Contributor FLORENCE L HARRIS | | | | Registration Number, if PAC | | |
| Street Address 500 FERNCastle DR | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City DOWNINGTOWN | State P A | Zip Code 19335 | M 0 6 | D 1 8 | Y 0 7 | Amount 100.00 |
| Full Name of Contributor DONNA KEATON | | | | Registration Number, if PAC | | |
| Street Address 1771 FRANKLIN AVE | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State O H | Zip Code 43205 | M 0 7 | D 0 3 | Y 0 7 | Amount 200.00 |
| Full Name of Contributor MICHEAL L SILBERSTEIN | | | | Registration Number, if PAC | | |
| Street Address 1088 FOUNTAIN LANE APT F | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State O H | Zip Code 43213 | M 0 7 | D 0 6 | Y 0 7 | Amount 60.00 |
| Full Name of Contributor IRON WORKERS LOCAL 172 | | | | Registration Number, if PAC PCE | | |
| Street Address 2867 S HIGH STREET | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State O H | Zip Code 43207 | M 0 7 | D 1 1 | Y 0 7 | Amount 500.00 |

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | |
|--|-------|---|---|-----------------------------|--------------------------|----------|
| Name of Committee in Full CITIZENS FOR PRISCILLA TYSON | | | | | | |
| Full Name of Contributor CONTRIBUTIONS FROM FUNDRAISING EVENT 31-E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| | | | 0 | 5 | 1 | 6,300.00 |
| Full Name of Contributor CONTRIBUTIONS FROM FUNDRAISING EVENT 31-E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| | | | 0 | 6 | 1 | 1,525.00 |
| Full Name of Contributor CONTRIBUTIONS FROM FUNDRAISING EVENT 31-E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| | | | 0 | 6 | 2 | 1,110.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | | D | Y | Amount |
| | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street 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)]

5

Statement of Other Income

Prescribed by Secretary of State 2/01

| | | | | | | | |
|--|--|---------------------|--------------------------|--------------------------------------|---|---|---------------------------|
| Name of Committee in Full CITIZENS FOR PRISCILLA TYSON | | | | | | | |
| Full Name PRISCILLA R. TYSON | | | | Registration Number, if PAC | | | |
| Address 268 S HARDING ROAD | | Type* | | M | D | Y | Amount 2,500.00 |
| City COLUMBUS | | State O H | Zip Code 43209 | Form(Cash,Check,etc) CHECK | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | Type* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

