

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

07 OCT 25 11 4: 01

*filed late
Love Bmc*

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee CIZITENS 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)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	Semiannual
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	0	2	5 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	\$ 7,761.77
2. Total monetary contributions (From Form No. 31-A)	\$ 17,891.00
3. Total other income (from Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 25,652.77
5. Total monetary expenditures (From Form No. 31-B)	\$ 5,468.93
6. Balance on hand (line 4 minus line 5)	\$ 20,183.84
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$ 72,470.78
8. Value of in-kind contributions made (From Form No. 31-I-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 Entities 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

Signature

Date

10/25/07

Contribution pages 28

Expenditure pages 6

Other pages 1

Total pages 35

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC					
CITIZEN FOR PRISCILLA TYSON									
Full Name of Contributor			Employer/Occupation/Labor Organization*			M	D	Y	Amount
Dianne Radigan			Children's Hunger Alliance			0	8	0	50.00
Street Address		City	State	Zip Code	Form(Cash,Check,etc)				
900 Eastchester Drive		Gahanna	O	43230	check				
Full Name of Contributor				Registration Number, if PAC					
Frieda Gilyard									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
1380 S Roosevelt Ave			Central Ohio Trauma			0	8	0	50.00
City		State	Zip Code	Form(Cash,Check,etc)					
Columbus		O	43209	check					
Full Name of Contributor				Registration Number, if PAC					
Carla Hayden									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
7664 Hidden Hollow Dr			Cols Public Health Dept.			0	8	0	50.00
City		State	Zip Code	Form(Cash,Check,etc)					
Columbus		O	43235	check					
Full Name of Contributor				Registration Number, if PAC					
Mia Hairston									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
1969 Haverton			Nationwide Insurance			0	8	0	50.00
City		State	Zip Code	Form(Cash,Check,etc)					
Reynoldsburg		O	43068	check					
Full Name of Contributor				Registration Number, if PAC					
Dawn Tyler Lee									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
2574 Dover Rd			OSU			0	8	0	50.00
City		State	Zip Code	Form(Cash,Check,etc)					
Columbuus		O	43209	check					
Full Name of Contributor				Registration Number, if PAC					
Janel Perry									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
4290 Karl Road			Media Consultant			0	8	0	50.00
City		State	Zip Code	Form(Cash,Check,etc)					
Columbus		O	43224	check					
Full Name of Contributor				Registration Number, if PAC					
Debra Moore									
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
2984 Cordella St			National City Bank			0	8	0	50.00
City		State	Zip Code	Form(Cash,Check,etc)					
Blacklick		O	43004	check					

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 350.00

Statement of Contributions Received at a Social or Fundraising Event

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Name of Committee in Full				Registration Number, if PAC			
CITIZEN FOR PRISCILLA TYSON							
Full Name of Contributor				Registration Number, if PAC			
Marilyn Crockett							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
2241 Margaret Avenue	Columbus Public Schools	0	8	0	9	50.00	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43219		check			
Full Name of Contributor				Registration Number, if PAC			
Gayle Saunders							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
2788 Floribunda	Nationwide Insurance	0	8	0	9	150.00	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43209		check			
Full Name of Contributor				Registration Number, if PAC			
Lorraine Brock							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
809 Katherines Ridge Lane	Nationwide Insurance	0	8	0	9	200.00	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43235		check			
Full Name of Contributor				Registration Number, if PAC			
Suzanne Tolbert							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
537 Stratshire Cove	COWIC	0	8	0	9	100.00	
City	State	Zip Code		Form(Cash,Check,etc)			
Gahanna	O H	43230		check			
Full Name of Contributor				Registration Number, if PAC			
Brian Steele							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
8725 Oakshire Dr	Merril Lynch	0	8	0	9	50.00	
City	State	Zip Code		Form(Cash,Check,etc)			
Pickerington	O H	43147		check			
Full Name of Contributor				Registration Number, if PAC			
Theresa Potter							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
134 M Schultz	Glory Foods	0	8	0	9	25.00	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43222		check			
Full Name of Contributor				Registration Number, if PAC			
Greta Russell							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
674 Bellamy Place	OSU	0	8	0	9	50.00	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43213		check			

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Fill in the boxes below only on the last page for this event.
 Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	Page Total \$ <u>625.00</u>

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Statement of Contributions Received at a Social or Fundraising Event

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Name of Committee in Full		Registration Number, if PAC	
CITIZEN FOR PRISCILLA TYSON			
Full Name of Contributor		Registration Number, if PAC	
Carl Williams			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5192 Upland Meadow Dr	City Council	0 8 0 9 0 7	200.00
City	State Zip Code	Form(Cash,Check,etc)	
Canal Winchester	O H 43110	check	
Full Name of Contributor		Registration Number, if PAC	
Olivia Johnson			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2046 Willow Glen Ln	Nationwide Insurance	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43229	check	
Full Name of Contributor		Registration Number, if PAC	
Debby Stokes			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5307 Ruth Amy Ave	Retired	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Westerville	O H 43081	check	
Full Name of Contributor		Registration Number, if PAC	
Kathleen Murphy			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
151 E Nationwide Blvd	Murphy Epsom	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43215	check	
Full Name of Contributor		Registration Number, if PAC	
Angela Pogue			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1238 Park Dr	Cols Medical Assoc.	0 8 0 9 0 7	25.00
City	State Zip Code	Form(Cash,Check,etc)	
Gahanna	O H 43230	check	
Full Name of Contributor		Registration Number, if PAC	
Amy Klaben			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
238 N Cassady	Cols Housing Partnership	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Bexley	O H 43209	check	
Full Name of Contributor		Registration Number, if PAC	
Nisource Pac		C00051979	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
200 Civic Center Dr	Columbia Gas	0 8 0 9 0 7	250.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43215	check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 675.00

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Event Date	08/09/07
Page	4

Statement of Contributions Received at a Social or Fundraising Event

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Name of Committee in Full			
CITIZENS FOR PRISCILLA TYSON			
Full Name of Contributor			Registration Number, if PAC
Darlene Britford			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5000 Birch Grove Dr	State Of Ohio	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Groveport	O H 43125	check	
Full Name of Contributor			Registration Number, if PAC
Kimberly Blackwell			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1601 W 5th Ave	PMM Agency	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43212	check	
Full Name of Contributor			Registration Number, if PAC
Betty Howton			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1502 Millerdale Rd	The Heritage	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43209	check	
Full Name of Contributor			Registration Number, if PAC
Namara Dafney			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
8316 Carano Way	Nationwide Insurance	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43240	check	
Full Name of Contributor			Registration Number, if PAC
Jacquelin Holland			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
183 Trails End	OSU Medical Center	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Westerville	O H 43082	check	
Full Name of Contributor			Registration Number, if PAC
Mary Flint			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1593 Foxhall Rd	AEP	0 8 0 9 0 7	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Blacklick	O H 43004	check	
Full Name of Contributor			Registration Number, if PAC
Kim Knights			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1222 Littlejohn Dr	COMBA	0 8 0 9 0 7	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43227	check	

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Total contributions this event

Total expenditures this event

Page Total \$ 400.00

