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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

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 Columbus 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		X 5-DAY Pre-General		Post-General		Annual Year
	July		August		September		Termination		Semiannual
	Monthly		Monthly		Monthly				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M D Y 1 1 0 3 0 9	

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	\$ 23,444.62
2. Total monetary contributions (From Form No. 31-A)	\$ 5,250.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 28,694.62
5. Total monetary expenditures (From Form No. 31-B)	\$ 4,073.89
6. Balance on hand (line 4 minus line 5)	\$ 24,620.73
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
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 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.

John Butler, II, Deputy Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

John Butler II
Signature

10/29/09
Date

Contribution pages 3

Expenditure pages 1

Other pages 1

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Priscilla Tyson							
Full Name of Contributor Shawn Bunt					Registration Number, if PAC C00128512		
Street Address 10 South Dearborn Street		Employer/Occupation/Labor Organization* JPMorgan Chase & Co. PAC			Form (Cash, Check, etc.) Check		
City Chicago	State I L	Zip Code 60603	M 0 9	D 1 1	Y 0 9	Amount 1,000.00	
Full Name of Contributor Darnita Bradley					Registration Number, if PAC C0051979		
Street Address 200 Civic Center Drive		Employer/Occupation/Labor Organization* NiSource, Inc. PAC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 3 0	Y 0 9	Amount 250.00	
Full Name of Contributor United for Health					Registration Number, if PAC C00274431		
Street Address P.O. Box 1456		Employer/Occupation/Labor Organization* UnitedHealth Group, Inc. PAC			Form (Cash, Check, etc.) Check		
City Minneapolis	State M N	Zip Code 55440	M 1 0	D 0 7	Y 0 9	Amount 1,000.00	
Full Name of Contributor Arthur L. Evans					Registration Number, if PAC		
Street Address 5426 Baneberry Avenue		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 0	Y 0 9	Amount 50.00	
Full Name of Contributor Deborah L. Klie					Registration Number, if PAC		
Street Address 2087 Inchcliff Road		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.)		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 0	Y 0 9	Amount 100.00	
Full Name of Contributor Walter T. Chafee					Registration Number, if PAC		
Street Address 17 Juniper Road		Employer/Occupation/Labor Organization* Brown and Caldwell			Form (Cash, Check, etc.) Check		
City Franklin	State M A	Zip Code 02038	M 1 0	D 1 3	Y 0 9	Amount 500.00	
Full Name of Contributor Lauren Swanson					Registration Number, if PAC OH146		
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization* Columbus Apartment Association PAC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 2	Y 0 9	Amount 500.00	
Full Name of Contributor Kathy A. Owens					Registration Number, if PAC		
Street Address 2550 Tucker Trail		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 1 0	D 1 4	Y 0 9	Amount 50.00	

* 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)]

