Page 1	
rage 1	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				18 6			<u> </u>		
CITZENS FOR PRISCILLA TYSON									
Full Name of Contributor			Registration Number, if PAC						
Ahmed Halane				Ì					
Street Address	Employer/Occupation/Labor Organization*			<u> </u>			Form (Cash, Check, etc.)		
2080 Tanglewood Ct Apt d	Somali Community Assoc. of			of Oh	nio		check		
City	State	Zip C		M	D	Y	Amount	<del></del>	
Columbus	0	H 43	3224	110	2 0	0 7		50.00	
Full Name of Contributor						ber, if PA	C		
Khadra Jama									
Street Address	Employer/O	ccupation/La	bor Organization*				Form (Cash, Check, etc.)		
2172 Albert Ave Apt 1B	Cols Global Home Healthcare			are			check		
City	State	Zip C		M	D	Y	Amount		
Columbus	0   1	H 43	3224	1 0	2 0	0   7	l	100.00	
Full Name of Contributor				Registra		ber, if PA	ıC		
Abdirashid Omar				l					
Street Address	Employer/Oc	ccupation/La	bor Organization*				Form (Cash, Check, etc.)		
3444 Westerville Road	Madii	ina Ma	rket Corp				check		
City	State	Zip C	ode	М	D	Y	Amount		
Columbus	0 1	H   43	224	1 0	2 0	0 7	<u> </u>	50.00	
Full Name of Contributor	·					ber, if PA	С		
Fred Benton									
Street Address	Employer/Oc	ccupation/La	bor Organization*		Form (Cash, Che			Check, etc.)	
786 South Front St Ste 204	Attori	ney					check		
City	State	Zip Co		M	D	Y	Amount		
Columbus	0   1	H 43	206	10	1 8	0 7		100.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Jeanne(Peggy) Mativi									
Street Address	· ·		bor Organization*				Form (Cash, Check, etc.)		
6033 Cleveland Avenue	Owner						check		
City	State	Zip Co		M	D	Y	Amount		
Columbus	O   1	H   43	231		3 0			100.00	
Full Name of Contributor						ber, if PA	С		
Teamsters Local 284				OH	592				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	Check, etc.)	
555 E Rich Street	Labor Union						check		
City	State	Zip Co		M	D		Amount		
Columbus	O 1	1 43	215			0   7		200.00	
Full Name of Contributor						per, if PA	С		
Central Ohio Board of Realtors				LO	CAL				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
2700 Airport Drive	Larry Metzger					check			
City	State	Zip Co		M	D	Y	Amount		
Columbus	0 1	$\frac{1}{43}$	219	1 0		0 7		1,000.00	
Full Name of Contributor			<del></del>	Registrat	ion Numl	oer, if PA	0		
Frances Frazier									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck, etc.)	
3466 Holton Ave	Student/Consultant check								
City	State	Zip Co		M	D	Y	Amount		
Columbus	101	1   43	227	1 1	0 5	0 7		<i>7</i> 5.00	

Page Total \$	1,675.00

<sup>\*</sup> 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)]