

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON							
Full Name of Contributor Brigitte Lisath					Registration Number, if PAC		
Street Address 179 Hawkins Lane		Employer/Occupation/Labor Organization* Community Housing Network			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0 7	D 1 7	Y 0 7	Amount 50.00	
Full Name of Contributor Fredericia Willis					Registration Number, if PAC		
Street Address 1729 Spartan		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) 50.00		
City Columbus	State O H	Zip Code 43209	M 0 7	D 3 1	Y 0 7	Amount 50.00	
Full Name of Contributor DeWayne Shambley					Registration Number, if PAC		
Street Address 3962 Millstone Dr		Employer/Occupation/Labor Organization* Program Manager			Form (Cash, Check, etc.) check		
City Springfield	State I L	Zip Code 62707	M	D	Y	Amount 50.00	
Full Name of Contributor Alma O Wright					Registration Number, if PAC		
Street Address 2098 Willamont Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43219	M 0 7	D 1 6	Y 0 7	Amount 500.00	
Full Name of Contributor Anne K Jeffrey					Registration Number, if PAC		
Street Address 296 Ashbourne Pl		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 7	D 2 6	Y 0 7	Amount 1,000.00	
Full Name of Contributor Shirley Gibson-Christian					Registration Number, if PAC		
Street Address 2919 E 12th Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43219	M 0 8	D 1 6	Y 0 7	Amount 50.00	
Full Name of Contributor Nanette Reynolds					Registration Number, if PAC		
Street Address 7671 Fenway Rd		Employer/Occupation/Labor Organization* Reynolds Events			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0 7	D 2 5	Y 0 7	Amount 50.00	
Full Name of Contributor Bradford Smith					Registration Number, if PAC		
Street Address 6528 Benjamin Dr		Employer/Occupation/Labor Organization* Lawn Care			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 7	D 2 5	Y 0 7	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)]

Page Total \$ 1,800.00