

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON							
Full Name of Contributor MICHAEL A WEISS					Registration Number, if PAC		
Street Address 19 NEW ALBANY FARMS ROAD		Employer/Occupation/Labor Organization* CEO-EXPRESS			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054	M 0 8	D 1 6	Y 1 3	Amount 500.00	
Full Name of Contributor LOANN CRANE					Registration Number, if PAC		
Street Address ONE MIRANOVA PLACE STE 515		Employer/Occupation/Labor Organization* HOMEMAKER			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 8	D 2 9	Y 1 3	Amount 100.00	
Full Name of Contributor JPMORGAN CHASE & CO PAC					Registration Number, if PAC C00128512		
Street Address 10 S DEARBORN STREET		Employer/Occupation/Labor Organization* JPMORGAN CHASE			Form (Cash, Check, etc.) CHECK		
City CHICAGO	State I L	Zip Code 60603	M 0 7	D 2 9	Y 1 3	Amount 2,000.00	
Full Name of Contributor CHARLETA TAVARES					Registration Number, if PAC		
Street Address 1237 MEDFORD RD		Employer/Occupation/Labor Organization* EXEC DIR-MACC			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 0 9	D 0 9	Y 1 3	Amount 100.00	
Full Name of Contributor DIANE S BENNETT					Registration Number, if PAC		
Street Address 555 N COLUMBIA AVE		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 0 9	D 0 8	Y 1 3	Amount 40.00	
Full Name of Contributor CENTRAL OHIO REALTORS PAC					Registration Number, if PAC		
Street Address 2700 AIRPORT DRIVE		Employer/Occupation/Labor Organization* CENTRAL OHIO REALTORS			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43219	M 0 9	D 0 4	Y 1 3	Amount 3,500.00	
Full Name of Contributor NATIONWIDE BETTER CITIZENSHIP FUND					Registration Number, if PAC 0H259		
Street Address ONE NATIONWIDE PLAZA		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code	M 0 6	D 1 0	Y 1 3	Amount 1,500.00	
Full Name of Contributor VEDA C NAMI					Registration Number, if PAC		
Street Address 141 KESWICK DRIVE		Employer/Occupation/Labor Organization* HOMEMAKER			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054	M 0 7	D 2 3	Y 1 3	Amount 250.00	

* 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)]