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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			·					
CITZENS FOR PRISCILLA TYSON								
Full Name of Contributor			Registra	tion Nur	ber, if PA	\C		
Darrell Fields					,			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck. etc.)	
15515 Oak Hill Road	1 ' '					check		
City	State	Attorney State Zip Code M D		Y	Amount			
East Cleveland	OH	44112	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	0 1	0 7	7 Milouit	300.00	
Full Name of Contributor					ber, if PA	ıC	000.00	
Kirsten Fluellen								
Street Address	Employer/Occupation/Labor Organization* Form (C			Form (Cash, Cl	neck, etc.)			
1903 Denbridge Way		City of Columbus				check		
City	State	Zip Code	М	D	ΙΥ	Amount		
Columbus	ОН	43219	1111	0 5	0 7		50.00	
Full Name of Contributor		1021)					00.00	
Progressive Action For Ohio		Registration Number, if PAC OH 1343						
Street Address	Employer/Occup	ation/Labor Organization*	Ų.	1 10 10	,	Form (Cash, Check, etc.)		
P O Box 10149	Rafe Lev					check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43201	1 1	1 5		1	101.00	
Full Name of Contributor	0 11	40201			ber, if PA	C	101.00	
			rtogistitu	tion i vain				
James Ragland Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
					check			
3784 Conway Drive	State	City of Columbus State Zip Code M D Y		Y	Amount			
Columbus	O H	43227	$\begin{vmatrix} m \\ 1 \end{vmatrix} 1$	0 2		Allount	100.00	
Full Name of Contributor	10 11	4322/			ber, if PA	<u> </u>	100.00	
			Registra	tion raum	oci, ii i n	i.C		
Street Address	Andrew Showe Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
	1 .	Employer/Occupation/Labor Organization* Showe Mgmt Corp						
46 N Fourth St Ste 200 City	Showe N	Zip Code	М	l p	Y	check Amount		
Columbus	OIH	43215	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 1$	D 1 5	i .	Amount	100.00	
Full Name of Contributor	0 11	43213			ber, if PA		100.00	
			Registra	uon num	ei, ii fA	.C		
Anthony Kendrick Street Address	IF 1	···· / 1 · · · · · · · · · · · · · · · ·				E (O1 - O	-1	
	1 ~				Form (Cash, Check, etc.)			
1078 Cannonade Court	Compuv		1 37	- B	I 37	check		
-	State O H	Zip Code	M	D	Y	Amount	100.00	
Gahanna	0 11	43230			0 7		100.00	
Full Name of Contributor				Registration Number, if PAC				
Columbus Apt Assoc Pac	In	OH 146						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1225 Dublin Road	Jay Scott		1			check		
City	State	Zip Code	M	D	Y	Amount	500.00	
Columbus	OH	43215	1 1	1 5			500.00	
Full Name of Contributor Registration Number, if PAC Cheryl Noble								
Street Address								
	Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.)				
1308 Steamboat Springs Court			M	D	Y	check		
•	State O H	Zip Code	M	D 1 1		Amount	100.00	
Blacklick	O H	43004	1 1	1 4	0 7	f	100.00	

Page Total \$	1,351.00

^{*} 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)]