Page	3	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

D. CO. Jania Full				***************************************				
Name of Committee in Full								
Citizens for Priscilla Tyson			Remetra	tion Num	ber, if PA	C		
Full Name of Contributor			Acgistia	adu iyali	1001, 11 I A	•		
Michael McCord	Emplemen/O-	pation/Labor Organization*		***************************************		Form (Cash, Check, etc.)		
Street Address	1 "				Check			
811 Strawberry Hill Road West	Attorne		1 37	<u> </u>	Y	Amount		
City	State	Zip Code	M	D	1 , 1	'		
Columbus	O H	43213	1 0	2 6		50.00		
Full Name of Contributor			Registra	ition Nur	ber, if PA	C		
Herbert Rankin								
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1114 Berkeley Road		Columbus				Cash		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43206	1 0			100.00		
Full Name of Contributor			Registra	ition Nur	nber, if PA	C		
Street Address	Employer/Occup	pation/Labor Organization*	- Kanamarinini	Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount		
			***************************************		1.			
Full Name of Contributor			Registra	ition Nun	nber, if PA	.C		
an traine of Contributor)					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Zimproyen/Occu,	,				, , , , , , , , , , , , , , , , , , , ,		
C:u.	State	Zip Code	M	D	Y	Amount		
City	State		***			Projections:		
E UNITED TO 1.7			Ragister	ation Non-	nber, if PA	.C		
Full Name of Contributor			regisil.	acon ivuil	11 F.P			
	Tr 1	pation/Labor Organization*		·	***************************************	Form (Cash, Check, etc.)		
Street Address	Employer/Occu	pationstation*				om (Cash, Chook, Cic.)		
		17. 6.		 	177	Amount		
City	State	Zip Code	M	D	Y	Amount		
				1	<u> </u>			
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC		
Street Address	Employer/Occu	pation/Labor Organization*			_	Form (Cash, Check, etc.)		
Programme								
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ation Nur	mber, if PA	AC .		
Street Address	Employer/Occu	pation/Labor Organization*	<u>\$</u>			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			Accepta					
Full Name of Contributor			Registr	ation Nu	mber, if PA	AC		
i un ramo di Contiduitoi				• • • •	,			
Grand Address	Employar/Os-	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occi	panonszavoi Organization*						
	~	7:- C-J	— T x.	1 F	Y	Amount		
City	State	Zip Code	М	D	Y	Amount		
SECULO SE			1					

* 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	\$	150.00