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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
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CITZENS FOR PRISCILLA TYSON Full Name of Contributor			Pagietre	tion Nun	ber, if PA	<u> </u>	
			Registra	ition ivun	ibei, ii i A		
Gregory A. Jefferson	F 1 /0	pation/Labor Organization*				F (O1- Ob1)	
Street Address					Form (Cash, Check, etc.)		
5194 Horseshoe Falls Drive	Directo			1	Click & Pledge		
City	State	Zip Code	M	D	Y	Amount	
Dublin	O H	43016	1 1			100.00	
Full Name of Contributor Registration Number, if PAC							
Abbuivahid Abbullahi							
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
3444 Westerville Rd	City of Columbus					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43224	1 0			100.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	C	
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	ber, if PA	С	
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)	
						, , , ,	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Tail Name of Controller			I COGISTION	ilon i tun	,		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Succe Addiess	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	М	D	Y	Amount	
City	Julie	Zip Code	IVI		1	Allouit	
E HAVE COLUMN TO A STATE OF THE			Danista	tion Norm	ha- iCDA	C	
Full Name of Contributor Registration Number, if PAC						C	
						T (0.1.01.1.()	
Street Address	treet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					rorm (Cash, Check, etc.)	
		T					
City	State	Zip Code	M _,	D	Y	Amount	
				<u> </u>			
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
eet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	М	D	Y	Amount	
	1 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 \$	200.00