

4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITZENS FOR PRISCILLA TYSON							
Full Name of Contributor Gregory A. Jefferson					Registration Number, if PAC		
Street Address 5194 Horseshoe Falls Drive		Employer/Occupation/Labor Organization* Director			Form (Cash, Check, etc.) Click & Pledge		
City Dublin	State O	Zip Code H 43016	M 1	D 1	Y 0	Amount 100.00	
Full Name of Contributor Abbuivahid Abbullahi					Registration Number, if PAC		
Street Address 3444 Westerville Rd		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) check		
City Columbus	State O	Zip Code H 43224	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			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	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	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	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	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	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	M	D	Y	Amount	

* 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