

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Priscilla Tyson</b>							
Full Name of Contributor <b>Scott Newcomb</b>					Registration Number, if PAC		
Street Address <b>5303 Wilcox Road</b>		Employer/Occupation/Labor Organization* <b>The Pines at Tuttle Crossing</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>1   1</b>	D <b>2   6</b>	Y <b>1   3</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>Harold Hudson</b>					Registration Number, if PAC		
Street Address <b>1255 Leonard Avenue</b>		Employer/Occupation/Labor Organization* <b>Calvary Tremont Missionary Baptist</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43203</b>	M <b>0   1</b>	D <b>1   8</b>	Y <b>1   4</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Antoinette Samuel</b>					Registration Number, if PAC		
Street Address <b>1301 Pennsylvania Ave NW, Ste. 550</b>		Employer/Occupation/Labor Organization* <b>National League of Cities</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Washington</b>	State <b>D   C</b>	Zip Code <b>20006</b>	M <b>0   3</b>	D <b>0   6</b>	Y <b>1   4</b>	Amount <b>1,500.00</b>	
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 \$ **1,625.00**