

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON							
Full Name of Contributor Michael L Silberstein					Registration Number, if PAC		
Street Address 1088 Fountain Ln		Employer/Occupation/Labor Organization* Insurance Sales			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43213	M 0 8	D 2 4	Y 0 7	Amount 50.00	
Full Name of Contributor Gloria C Letts					Registration Number, if PAC		
Street Address 6120 Nicholas Glen		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbud	State O H	Zip Code 43213	M 0 8	D 2 5	Y 0 7	Amount 100.00	
Full Name of Contributor Juanita M Weaver					Registration Number, if PAC		
Street Address 2336 Somersworth Dr.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43219	M 0 8	D 2 4	Y 0 7	Amount 25.00	
Full Name of Contributor Shirley S Gibson-Christian					Registration Number, if PAC		
Street Address 2919 e 12th Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43219	M 0 8	D 1 6	Y 0 7	Amount 50.00	
Full Name of Contributor Catherine Willis					Registration Number, if PAC		
Street Address 191 Melyers Ct		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43235	M 0 8	D 2 9	Y 0 7	Amount 75.00	
Full Name of Contributor Dawn Whitmore					Registration Number, if PAC		
Street Address 7159 Drucilla St		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43147	M 0 8	D 2 9	Y 0 7	Amount 50.00	
Full Name of Contributor Deborah Stokes					Registration Number, if PAC		
Street Address 5307 Ruth Amy Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0 8	D 2 9	Y 0 7	Amount 60.00	
Full Name of Contributor Yvonne Justice					Registration Number, if PAC		
Street Address 5525 Cantara Pl Apt 3		Employer/Occupation/Labor Organization* Community Connection			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43232	M 0 9	D 0 4	Y 0 7	Amount 250.00	

* 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)]

Page Total \$ **660.00**