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In-Kind Contributions Received	
ALL ARABO OURSERS SECTIONS ARCOLUS AND SECTION OF SECTI	

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Priscilla Tyson					200 000 HAZ 100 000 000		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Franklin County Democratic Party			1				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
271 East State Street	Lit Piece and Mailing		1110		019		
City	State	Zip Code	- L	d at Fun			
Columbus	State	43215	Receive	YES	iui aisiiig	NO	
Full Name of Contributor							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fun	draising	Event?	
				YES		□no	
Full Name of Contributor	Employer, Oc	cupation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value	
			490	1			
City	State	Zip Code	Receive	d at Fun	draising	Event?	
		,	I	YES	Ü	Пио	
Full Name of Contributor	Employer, Occ	cupation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fun	draising	Event?	
				YES		□no	
Full Name of Contributor	Employer, Occ	cupation, Labor Organization *	Registra	tion Nu	mber, if		
Street Address	Description of Item or Service		M	D	Тү	Fair Market Value	
	a coorrection of	Term of service	1 i		li	Tan Tanket Value	
City	State	Zip Code	Possivo	d at Fun	draidea	Event2	
City	State	Zip Code	Receive	u at run IYES	uraising	NO	
Full Name of Contributor			<u> </u>				
Full Name of Contributor	Employer, Occ	cupation, Labor Organization *	Kegistra	ition Nu	mber, if	PAC	
Street Address	Description of	Item or Service	М	D	ΤΥ	Fair Market Value	
	,						
City	State	Zip Code	Receive	d at Fun	draking	Event2	
	State	Zip code		YES	uraising	no No	
Full Name of Contributor	Employer, Occupation, Labor Organization *		make an incommendation	Registration Number, if PAC			
rui Name of Contributor	Employer, Occ	Eupation, Labor Organization "	Registra	ition Nu	mber, ir	PAC	
C A J J		1	 ,,-	T 5	1 1/	1-111	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fun	draising		
				YES		Пио	
Full Name of Contributor	Employer, Occ	cupation, Labor Organization *	Registra	tion Nu	mber, if	PAC	
			1				
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value	
	3						
City	State	Zip Code	Receive	d at Fun	draising	Event?	
				lves		ΠNO	

^{*} 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)]