Statement of Contributions Received

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Prescribed by Secretary of State 03/05

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Name of Committee in Full				
Friends of Ben Tyson				
Full Name of Contributor Brigid Butter			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization		- 	Form (Cash, Check, etc.)
City Park AVE	Self Employed			Marie By PD
Columbus	State	Zip Code 43206	M D3 Y	Amount
E.H.Manage Compilation		1	Registration Number, if P	
Street Address Employer/Occumation/Labor Operatization Registration Number, if PAC Form (Cash, Check, etc.)				
4056 Chelsea Cencen East	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check
New Albany	State O / 4	Zip Code 43054	MU 1715	Amount 750°
Full Name of Contributor	1 011	. 30 3 7	Registration Number, if P	
Laura Wede Kind				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
4397 Luhagen Crossing De	Beiner Assoc			zheck.
New Albany	State	Zip Code	M D Y	Amount 375°
Full Name of Contributor	1		Registration Number, if P.	
Beau Arnason				
Street Address		tion/Labor Organization		Form (Cash, Check, etc.)
Slal Ne. 1 Ave	!	Lines & Assoc		Check
Colum bus	State	Zip Code LI3215	101715	375°
Full Name of Contributor				
Janet Jackson Street Address Form/Cach Check etc.)				
	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
2865 Lastlewood Rd	Unite	Zip Code		Check
Columbus	State O H	43209	Ma 7 7 5	Amount 150 ²⁰
Full Name of Contributor			Registration Number, if Pa	AC
Teachers for Schools				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
929 E Broad 51				Check
City	State	Zip Code	M D Y	Amount
Lolumbus	D14	43205	102015	3500°°
Full Name of Contributor Registration Number, if PAC Rick Milenthal				
Rick Milanthal Street Address	Employer/Oncorn	tion/Labor Organization		Form (Cash, Check, etc.)
580 N Fourth St	Employer/Occupation/Labor Organization* The Shiptard			Check
City Columbus	State O i 4	Zip Code 43215	1 D 1 2 1 5	Amount 65
Full Name of Contributor		, , , , , ,	Registration Number, if PA	
Street Address	Employer/Occupat	tion/Labor Organization	•	Form (Cash, Check, etc.)
City .	State	Zip Code	T	Amount 50
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* 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 also appear. [R.C. 3517.10(B)(4)]

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