

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON							
Full Name of Contributor Yolanda Willis					Registration Number, if PAC		
Street Address 1717 Rose View Dr		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 1	D 0 5	Y 1 4	Amount 50.00	
Full Name of Contributor Sharron Miller					Registration Number, if PAC		
Street Address 10166 Widdington Close		Employer/Occupation/Labor Organization* Owner- Fun & Creative Results			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 1	D 0 5	Y 1 4	Amount 125.00	
Full Name of Contributor Columbus Apartment Association Pac					Registration Number, if PAC OH146		
Street Address 1225 Dublin Rd		Employer/Occupation/Labor Organization* Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus Apartment Association Pac	State O H	Zip Code 43215	M 1 1	D 1 2	Y 1 4	Amount 500.00	
Full Name of Contributor Andrew Showe					Registration Number, if PAC		
Street Address 45 N Fourth St Suite 250		Employer/Occupation/Labor Organization* Showe Leahy, LLC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 4	Y 1 4	Amount 250.00	
Full Name of Contributor CONTRIBUTION FROM FUNDRAISING EVENT 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 8	D 1 2	Y 1 4	Amount 26,825.00	
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	

* 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 \$ 27,750.00