31-J-1 R.C. 3517.10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

p.			***************************************	America manufactures				
Name of Committee in Full Citizens for Princilla Tyron								
Citizens for Priscilla Tyson Full Name of Contributor	Employar Ossay	Employer Occupation Labor Organization * IP acintestian Mumber (FDAC						
9	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Ohio Democratic Party Street Address	Description of It	Description of Item or Service			Y	Fair Market Value		
340 East Fulton Street		Production Costs			1	1		
City	State			0 3 1 0 0 8 2,500.00 Received at Fundraising Event?				
Columbus		42015			YES NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	ivent?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	ivent?		
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization * Registration Number, if PAC				AC		
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	Event?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	Iraising E	Event?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Func YES	Iraising E	Event?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Func YES	Iraising E	Event?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Func YES	lraising E	Event?		

Page Total \$ __2,500.00

^{*} 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)]