31-A R.C. 3517.1

FOR PAPER FILING ONLY

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Ful							
Friends of Ben Tyson							
Full Name of Contributor						iber, if PA	AC .
The Limited Ohio PAC	1.5			CP-8	309		1- 1- 1-
Street Address	Employer/O	CCUD	ation/Labor Organization*				Form (Cash, Check, etc.)
3 Limited Pkwy	<u> </u>		7				Check
Cuy	State		Zip Code	М	D	Y	Amount
Columbus	0	H	43230	0 3		1 5	2,500.00
Full Name of Contributor				Registra	ation Num	ber, if PA	VC .
OAPSE AFSCME Turnaround Ohio PAC LA 12							T
Street Address	Employer/O	ccup	ation/Labor Organization*				Form (Cash, Check, etc.)
6805 Oak Creek Dr							Check
City	State		Zip Code	М.	0	Y .	Amount
Columbus	0	<u>H</u>		4	1	15	1,000.00
Full Name of Contributor				Hegistra	ation Num	iber, if PA	AC .
Paula Spence	(= 1 10						1
Street Address	1		ation/Labor Organization*				Form (Cash, Check, etc.)
13716 Bald Cyprus Cir.	Retired/	He		1		T - 52	Check
City	State		Zip Code	_ M	D .	, ,	Amount
Fort Myers Full Name of Contributor	F	L_	43907	3	15	15	200.00
				Hegistra	ווטאן וזטוונ	iber, if PA	NC .
Ben Tyson Street Address	I C = s(=v=v/O			<u>. </u>			Learn (Ocab Obsel ess)
	1	Employer/Occupation/Labor Organization•				Form (Cash, Check, etc.)	
2408 Minerva Park Pl		Steiner/Managing Partner			T	Check	
City	State	j.	Zip Code	M	0	Y	Amount
Columbus Full Name of Contributor	0	H	43229	3 :	1	15	100.00
Full Name of Contributor				Hegistis	ation Muit	iber, if PA	
Street Address	LEmn(over/Ω	cciro	ation/Labor Organization*				Form (Cash, Check, etc.)
3.000	2	ооор.	and a coop of gameanor.				7 01111 (00001) 0110011, 0101)
City	State	-	Zip Code	ТМ	To	ΓY	Amount
	1 :	i			:	;	
Full Name of Contributor	<u> </u>			Registre	ation Num	iber, it PA	AC
				ł			•
Street Address	Employer/O	ccup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	State	-	Zip Code	"М	D	Y	Amount
		•			:		
Full Name of Contributor				Registra	ation Num	nber, if PA	AC .
Street Address	Employer/O	ccnb	ation/Labor Organization*				Form (Cash, Check, etc.)
					1 .		
City	State	:	Zip Code	M .	D .	l Y	Amount
Full Name of Contributor	<u>l i.</u>		<u> </u>	Booletre	ation Mun	bor it Ba	<u> </u>
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/O	CCHO	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
City	State		Zip Code	М	D	Ϋ́	Amount
	;	:		1	1 :	;	
lequired for contributions from individuals over \$100 to statowide and ge	neral assembly	v can	⊥ ididates. If contributor is self-e	moloved.	the occur	nation and	t the name of

- Required for contributions from individuals over \$100 to statowide and general assembly candidates. If contributor is self-employed, the occupation and the name of 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 la organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)

Page Total \$	3,800.00