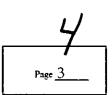
31-A R.C. 3517.10



Statement of Contributions Received

Prescribed by Secretary of State 3/05

V										
Name of Committee in Full										
CITIZENS FOR PRISCILLA TYSON										
Ill Name of Contributor					Registration Number, if PAC					
MIKE SILBERSTEIN	I.a									
	Employer/O					F	Form (Cash, Check, etc.)			
1088 FOUNTAIN LN	INSURANCE AGENT							┙	CHECK	
City	State		Zip Code	M _.	D.	-	Υ.	- 1	Amount	
COLUMBUS	0	H	43213		11:		11		100.00	
Full Name of Contributor				Registra	ition Nu	ımt	er, if l	PAC		
JOHN KENNEDY										
Street Address	Employer/Occupation/Labor Organization*							F	Form (Cash, Check, etc.)	
500 SOUTH FROUNT STREET	CRABBE, BROWN, JAMES								CHECK	
City	State		Zip Code	М	D	Ĭ	Y		Amount	
COLUMBUS	0	H	43215	<u>016</u>	11	1	<u>1 3</u>	<u>31</u>	500.00	
Full Name of Contributor Registration Number, if PAC										
GEORGE MCCUE										
Street Address	Employer/O	ccupa	tion/Labor Organization*					F	Form (Cash, Check, etc.)	
500 SOUTH FROUNT STREET	CRABBE, BROWN, JAMES							1	CHECK	
City	State		Zip Code	М	D		Y	A	Amount	
COLUMBUS	01	Н	43215	016	11	1	113	3	500.00	
Full Name of Contributor				Registra	_	_		_		
CONTRIBUTIONS FROM FUNDRAISING EVENT 31-E										
Street Address	•		tion/Labor Organization*					ŀ	Form (Cash, Check, etc.)	
		-	-					ı		
City	State		Zip Code	М	D	T	Y	1	Amount	
			•	กเร	11	1	113	٦.	16,550.00	
Full Name of Contributor	<u> </u>			Registra		_		_		
				`						
Street Address	Employer/Occupation/Labor Organization*							F	Form (Cash, Check, etc.)	
	` `	·	•					ı		
City	State		Zip Code	м	D	_	Y	-	Amount	
				lı		ļ	ŧ	1		
Full Name of Contributor	<u> </u>			Registra	ntion Nu	m	er, if	PAC		
Street Address Employer Occupation/Labor Organization* Form (Cash, Check, et						Form (Cash, Check, etc.)				
	,,							ı	, , , ,	
City	State		Zip Code	М	D	1	Y	1	Amount	
City						•	ī			
Full Name of Contributor	<u> </u>			Registra	ation Ni	ıml	er.if	PAC		
Tail Name of Condition				1.142.0						
Street Address	[Employer.()	ccupa	tion/Labor Organization*					Ti	Form (Cash, Check, etc.)	
Street Address Employer Occupation Labor Organization*								ľ	OIL (OILL, OILL, III.)	
Cin	State		Zip Code	М	D	-	Y	-	Amount	
City City City City City City City City	Jake		zip code	",	Ιĩ		ı	ľ	Alboun	
E.H.M	1 1			Design	tion M		 if	DAC	· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor Registration Number, if PAC										
Sana Addina	IE		tion/Labor Organization*	<u> </u>				1	Form (Cash, Check, etc.)	
Street Address	Employer, Occupation/Labor Organization*						ľ	roim (Cash, Check, etc.)		
	- 7:		a:- c-1-	1 11	T 75		17	4		
City	State		Zip Code	M	D		Y	ľ	Amount	
			<u> </u>		1 !		_ !			

Page Total S	17,650.00
rage (Ola) 3	17,650.00_

^{*} 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)]