

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON							
Full Name of Contributor JEWELL K GARRISON					Registration Number, if PAC		
Street Address 936 HARBORTON DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43228	M 0 4	D 1 9	Y 0 7	Amount 250.00	
Full Name of Contributor MICHAEL L SILBERSTEIN					Registration Number, if PAC		
Street Address 1088 FOUNTAIN LANE, APT F		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43213	M 0 4	D 1 9	Y 0 7	Amount 100.00	
Full Name of Contributor GARY A GLASER					Registration Number, if PAC		
Street Address 866 CAMBRIDGE COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O H	Zip Code 43085	M 0 4	D 2 9	Y 0 7	Amount 400.00	
Full Name of Contributor KATHY E ESPY					Registration Number, if PAC		
Street Address 1350 BROOKWOOD PL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 0 5	D 1 7	Y 0 7	Amount 50.00	
Full Name of Contributor JERRY SAUNDERS					Registration Number, if PAC		
Street Address 2788 FLORIBUNDA DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 0 5	D 1 5	Y 0 7	Amount 150.00	
Full Name of Contributor DONALD T MCDANIEL					Registration Number, if PAC		
Street Address 101 FORBIDDEN LAKES CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City JOHNSTOWN	State O H	Zip Code 43031	M 0 5	D 1 5	Y 0 7	Amount 100.00	
Full Name of Contributor NADINE P WILLIAMS					Registration Number, if PAC		
Street Address 50 S CHAMPION AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43205	M 0 5	D 1 5	Y 0 7	Amount 250.00	
Full Name of Contributor I.B.E.W.-C.O.P.E					Registration Number, if PAC		
Street Address 900 SEVENTH STREET NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WASHINGTON	State D C	Zip Code 20001	M 0 5	D 2 2	Y 0 7	Amount 1,000.00	

* 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)]

Page Total \$ 2,300.00