

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Priscilla Tyson</b>							
Full Name of Contributor <b>Curtis Moody</b>					Registration Number, if PAC		
Street Address <b>300 Spruce Street</b>		Employer/Occupation/Labor Organization* <b>Moody Nolan</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			<b>0</b>	<b>9</b>	<b>2</b>	<b>4,675.00</b>	
Full Name of Contributor <b>Jay Scott</b>					Registration Number, if PAC <b>OH 146</b>		
Street Address <b>1225 Dublin Road</b>		Employer/Occupation/Labor Organization* <b>Columbus Apartment Association</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>James Garland</b>					Registration Number, if PAC		
Street Address <b>2486 Bexley Park Road</b>		Employer/Occupation/Labor Organization* <b>The Jeffrey Company</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Bexley</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>5/3 Bank</b>					Registration Number, if PAC		
Street Address <b>3011 East Broad Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>account refund</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>2</b>	Y <b>1</b>	Amount <b>102.25</b>	
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 \$ 5,627.25