P	ag	e	

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Citizens for Priscilla Tyson								
Full Name of Contributor	Registration Number, if PAC							
Dan Moncreif III								
Street Address	Employer	/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)				
1324 East 18th Avenue	<u> </u>			Check				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43211	12/13/2016	\$1,000.00				
Full Name of Contributor	Registration Number	, if PAC						
Laura Swanson								
treet Address Employer/Occupation/Labor Or			ganization*	Form (Cash, Check, etc.)				
1517 Lincoln Road	<u> </u>			Check				
City	State	Zip Code	Date	Amount				
Grandview	ОН	43212-2721	12/13/2016	\$100.00				
Full Name of Contributor			Registration Number, if PAC					
Steven Gladman								
Street Address Employer/Occupation/Labor C								
175 South Third Street	<u> </u>			Check				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43215	12/13/2016	\$100.00				
Full Name of Contributor			Registration Number	, if PAC				
CMAGE/CWA Local 4502								
Street Address	Employer	/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)				
1350 West 5th Avenue	ļ			Check				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43212	11/10/2016	\$1,000.00				
Full Name of Contributor			Registration Number	, if PAC				
Columbus Apartment Association	OH146							
Street Address	Employer	/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)				
1225 Dublin Road	<u> </u>			Check				
City	State	Zip Code	Date	Amount				
Columbus	ОН	43215	12/13/2016	\$500.00				
Full Name of Contributor			Registration Number, if PAC					
N/A	<u>, </u>		N/A					
Street Address		/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)				
N/A N/A				N/A				
City	State	Zip Code	Date	Amount				
N/A	N/A	N/A	N/A	\$0.00				
Full Name of Contributor		Registration Number, if PAC						
N/A	N/A							
Street Address	ganization*	Form (Cash, Check, etc.)						
N/A	N/A			N/A				
City	State	Zip Code	Date	Amount				
N/A	N/A	N/A	N/A	\$0.00				
Full Name of Contributor			*	Registration Number, if PAC				
N/A			N/A					
Street Address	Employer/Occupation/Labor Or			Form (Cash, Check, etc.)				
N/A	N/A			N/A				
City	State	Zip Code	Date	Amount				
N/A	N/A	N/A	N/A	\$0.00				

^{*} 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 also appear. [R.C. 3517.10(B)(4)]