

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Priscilla Tyson							
Full Name of Contributor Ronda L. Evans					Registration Number, if PAC		
Street Address 1015 MacGregor Avenue		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43085	M 1 0	D 2 8	Y 1 3	Amount 100.00	
Full Name of Contributor Robert Rishel					Registration Number, if PAC		
Street Address 300 East Broad Street, Suite 450		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 8	Y 1 3	Amount 100.00	
Full Name of Contributor Richard J. Diehl					Registration Number, if PAC		
Street Address 173 Hamilton Avenue		Employer/Occupation/Labor Organization* Self-Employed			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 7	Y 1 3	Amount 100.00	
Full Name of Contributor Carla M. Curtis					Registration Number, if PAC		
Street Address 2444 Berwick Boulevard		Employer/Occupation/Labor Organization* The Ohio State University			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 2 9	Y 1 3	Amount 50.00	
Full Name of Contributor Dannette Palmore					Registration Number, if PAC		
Street Address 155 West Main Street, Ste. 1704		Employer/Occupation/Labor Organization* Self-Employed			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 2	Y 1 3	Amount 100.00	
Full Name of Contributor Carol L. Dove					Registration Number, if PAC C00076174		
Street Address 1 Nationwide Plaza, 1-32-301		Employer/Occupation/Labor Organization* Nationwide Mutual Insurance Company			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 1 3	Amount 1,000.00	
Full Name of Contributor Mataryun Wright					Registration Number, if PAC		
Street Address 897 East Eleventh Avenue		Employer/Occupation/Labor Organization* Rama Consulting Group, Inc.			Form (Cash, Check, etc.) Money Order		
City Columbus	State O H	Zip Code 43211	M 1 0	D 2 9	Y 1 3	Amount 100.00	
Full Name of Contributor Paige D. Crane					Registration Number, if PAC		
Street Address 19 North Drexel Avenue		Employer/Occupation/Labor Organization* Unemployed			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 2 9	Y 1 3	Amount 100.00	

* 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 \$ 1,650.00