

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Ben Tyson</b>							
Full Name of Contributor <b>James Hagedorn</b>						Registration Number, if PAC	
Street Address <b>3085 SE Saint Lucie Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Stuart</b>		State <b>FL</b>	Zip Code <b>34997</b>		M <b>05</b>	D <b>04</b>	Y <b>15</b>
						Amount <b>\$1000</b>	
Full Name of Contributor <b>Zanzibar Event</b>						Registration Number, if PAC	
Street Address <b>740 East Long St</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City <b>Lolunbus</b>		State <b>Ort</b>	Zip Code <b>43215</b>		M <b>04</b>	D <b>27</b>	Y <b>15</b>
						Amount <b>2,090</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	
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City		State	Zip Code		M	D	Y
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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 also appear. [R.C. 3517.10(B)(4)]