

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON							
Full Name of Contributor Mariette Polite					Registration Number, if PAC		
Street Address 984 Poppy Hills Dr		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) check		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 9	Y 2	Amount 200.00
Full Name of Contributor Dorothy Mason					Registration Number, if PAC		
Street Address 1 Jean Court		Employer/Occupation/Labor Organization* Proctor & Gamble			Form (Cash, Check, etc.) check		
City Lima	State O	H H	Zip Code 45805	M 1	D 0	Y 0	Amount 50.00
Full Name of Contributor Cheryl Cosby					Registration Number, if PAC		
Street Address 7683 Wild Mint Ct		Employer/Occupation/Labor Organization* J P Morgan			Form (Cash, Check, etc.) check		
City Westerville	State O	H H	Zip Code 43082	M 1	D 0	Y 0	Amount 50.00
Full Name of Contributor Tracie Bateman					Registration Number, if PAC		
Street Address 6526 Montgomery Rd		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) check		
City Cincinnati	State O	H H	Zip Code 45213	M 1	D 0	Y 0	Amount 25.00
Full Name of Contributor Barbara Brandt					Registration Number, if PAC		
Street Address 2333 Brentwood Rd		Employer/Occupation/Labor Organization* Barbara K Brandt Inc			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43209	M 1	D 0	Y 0	Amount 100.00
Full Name of Contributor Katherine Epler					Registration Number, if PAC		
Street Address 2409 Dover Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43209	M 1	D 0	Y 0	Amount 100.00
Full Name of Contributor Helen Evans					Registration Number, if PAC		
Street Address 1015 McGregor Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Worthington	State O	H H	Zip Code 43085	M 1	D 0	Y 1	Amount 25.00
Full Name of Contributor Arthur Evans					Registration Number, if PAC		
Street Address 5426 Baneberry		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43235	M 1	D 0	Y 1	Amount 50.00

* 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 \$ **600.00**