

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Priscilla Tyson							
Full Name of Contributor Robert P. Kirkley					Registration Number, if PAC		
Street Address 7548 Overland Trail		Employer/Occupation/Labor Organization* DLZ Engineering			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0 9	D 2 3	Y 1 0	Amount 250.00	
Full Name of Contributor Manoj Sethi					Registration Number, if PAC		
Street Address 7674 JohnTimm Court		Employer/Occupation/Labor Organization* DLZ Engineering			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 9	D 2 4	Y 1 0	Amount 250.00	
Full Name of Contributor A. James Siebert, III					Registration Number, if PAC		
Street Address 1040 Bluesail Drive		Employer/Occupation/Labor Organization* DLZ Engineering			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 9	D 2 5	Y 1 0	Amount 250.00	
Full Name of Contributor David A. Day					Registration Number, if PAC		
Street Address 1392 Brenthaven Place		Employer/Occupation/Labor Organization* DLZ Engineering			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43228	M 0 9	D 3 0	Y 1 0	Amount 250.00	
Full Name of Contributor Wayne A. Garland, Jr.					Registration Number, if PAC		
Street Address 1988 Woodlands Place		Employer/Occupation/Labor Organization* Consultant			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 0	D 1 9	Y 1 0	Amount 200.00	
Full Name of Contributor Fifth Third Bank (Debit Card Rewards Program)					Registration Number, if PAC		
Street Address 38 Fountain Square Plaza		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Credit		
City Cincinnati	State O H	Zip Code 45263	M 1 1	D 1 6	Y 1 0	Amount 10.00	
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 \$ 1,210.00