31-A R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full											
Citizens for Priscilla Tyson			-	In .			. 15.7				
Full Name of Contributor Polyont D. Kindslove						Registration Number, if PAC					
Robert P. Kirkley	[e	10	Dation/Labor Organization*					E /C · C			
Street Address						Form (Cash, Check, etc.)					
7548 Overland Trail	DLZ Engineering			1,, 1, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				Check			
City Delaware	Sta O l	te H	Zip Code 43015	м 0 9	D 1	,] ,	ү 1 0	Amount	250.00		
Full Name of Contributor	\cup		13013	Registra				PAC	250.00		
Manoj Sethi				ice gistre	11.011 14	umb	CI, II I				
Street Address	Employe	-				Form (Cash, CI	neck, etc.)				
7674 JohnTimm Court	DLZ Engineering			!					Check		
City	State Zip Code			MDY				Amount			
Dublin	0 1	Н	43017	0 9	214	4 -	1 0	l.	250.00		
Full Name of Contributor		Registration Number, if PAC									
A. James Siebert, III											
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, CI	heck, etc.)		
1040 Bluesail Drive	DLZ Engineering			I				Check			
City	Sta	_	Zip Code	М	D	T	Υ	Amount			
Westerville	01	Н	43081	0 9	213	5 -	1 0		250.00		
Full Name of Contributor			2000	Registra							
David A. Day											
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.				neck, etc.)		
1392 Brenthaven Place	DLZ					Check					
City	Sta		Zip Code	M	D	Т	Υ	Amount			
Columbus	0	Н	43228	0 9	310) l	1 0		250.00		
Full Name of Contributor	•		•	Registra			er, if I	PAC			
Wayne A. Garland, Jr.											
Street Address	Employe	<u> </u>				Form (Cash, Check, etc.)					
1988 Woodlands Place	Consultant							Check			
City	Sta	te	Zip Code	М	D	П	Υ	Amount			
Powell	0	H	43065	1 0	1 9	9 [$1 \mid 0$	1	200.00		
Full Name of Contributor				Registra	tion N	umb	er, if I	PAC			
Fifth Third Bank (Debit Card Rewards Program)											
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	neck, etc.)				
38 Fountain Square Plaza								Credit			
City	Sta		Zip Code	М	D		Y	Amount			
Cincinnati	0	H	45263	1 1	116	5 [<u>1 0</u>		10.00		
Full Name of Contributor				Registra							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							nack atc \				
Street 7 (dd) (33	Linploye	i / Occup	Jation/ Labor Organization					TOTHI (Cash, Ci	ieck, etc.,		
City	Sta	te	Zip Code	М	D	T	Y	Amount			
				1							
Full Name of Contributor Registration Number, if PAC											
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					neck etc.\					
	Capación Labor Organization						(Justy Green, Cici)				
City	Sta	te	Zip Code	М	D	Т	Y	Amount			
						\perp	\perp				

* 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