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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	CONT					
CITIZENS FOR PRISCILLA TY	SUN		Daniet	tion Numb	or if DA	3
Full Name of Contributor	IDD ACINIC EVIEN	IT 01 E	Registra	uon Numb	ei, ii FA	
CONTRIBUTIONS FROM FUN						Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organization*	anization* For			ronn (Cash, Check, etc.)
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Full Name of Contributor				tion Numb		
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Street Address		ipation/Labor Organization	*			Form (Cash, Check, etc.)
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E JINI CO-stall star			Registr	ation Num	ber, if PA	AC.
Full Name of Contributor					,	
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Tun Name of Contributor			ľ			
Street Address	Employer/Occ	cupation/Labor Organization	n*			Form (Cash, Check, etc.)
Street Address Employer/Occupation/Labor Organization						
City	State	Zip Code	М	D	Y	Amount
City		2.0000				
Full Name of Contributor			Regist	ration Nur	nber, if P	AC
Full Name of Contributor					,	
Street Address	Enmloyer/Oct	Employer/Occupation/Labor Organization* For			Form (Cash, Check, etc.)	
Street Address	Employer/Oct					
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* 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 \$ 8,935.00