

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Ben Tyson							
Full Name of Contributor Christopher Celeste						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
					1	0	1315
					Amount		\$250
Full Name of Contributor Ohio Association of Public & School Employees						Registration Number, if PAC	
Street Address 6805 Oak Creek Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus			State OH	Zip Code 43229	M	D	Y
					0	8	3115
					Amount		500
Full Name of Contributor Michael Robinson						Registration Number, if PAC	
Street Address 4714 Chimera Loop			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.)	
City Galena			State OH	Zip Code 43201	M	D	Y
					1	0	1715
					Amount		100 ⁰⁰
Full Name of Contributor Lurt's Jewell						Registration Number, if PAC	
Street Address 2445 Brookwood Rd			Employer/Occupation/Labor Organization* Business Owner			Form (Cash, Check, etc.)	
City Columbus			State OH	Zip Code 43209	M	D	Y
					1	0	1115
					Amount		500 ⁰⁰
Full Name of Contributor Glenda Brown						Registration Number, if PAC	
Street Address 533 Vista			Employer/Occupation/Labor Organization* YWCA			Form (Cash, Check, etc.)	
City Gahanna			State OH	Zip Code 43230	M	D	Y
					1	0	1215
					Amount		20 ⁰⁰
Full Name of Contributor Coopers Hawk Event - Total Contribution 31-E						Registration Number, if PAC	
Street Address 4230 The Strand			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus			State OH	Zip Code 43219	M	D	Y
					0	9	2215
					Amount		8,900
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 also appear. [R.C. 3517.10(B)(4)]