Name:

In all sections, please type or print clearly in blue or black ink.

Status Filer

•	Į		
		ļ	Į
		ľ	1
Į			
			į
	ì		
	ż		
	ì		
•			1
	_		į
_		۰	١
=			
4			•
•	i		ļ
١			
•	į	ļ	į
į	į	i	
1	ì		١
			į
(			١
ī	4		
١			
•			
2	۱		
Į			١
	ì	į	
ľ	1	ľ	Į
	į	ĺ	1
į			ļ
į	į		۰
١		1	
	1		
1			,
			١
	1		
:			١
-	1	ĺ	
Į	1	ľ	1
ţ	į	ļ	
ĺ	1	ľ	Ì
•			١
•			
(			
ļ		ļ	ļ
•	į	1	į
•			ļ
ĺ			Ì
3	į	į	ĺ
i	j	i	į
٠		1	•

Each question in this part must be answered and the appropriate schedu	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>
answere	Yes X	Yes 🔀	Yes X
d and the	S	No U	No
appropriate schedule attached for each "Yes" response.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.
response.	Yes ☐	Yes 🔲	×8.
	No	No	No No

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes

<u>₹</u>

Yes

<u>용</u> 소

# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

MISGLEA R. TYSON

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exercise initial y pay (coors as transfirm come of the pay); the pay is the control of the contr	erricin programme, and portonio to	COLLOG GILGOL IIIO COCINI	Joseph J.
College (include date of receipt for honorarie)	Type	Amount	unt
Total of Indiana Care of Poorly in Property	- 7 100	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- 1	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA .	NA
CITY OF COLUMBUS	SALARY	5440.00	44,212
STAR ARTS GALLERY	SALARY	0	O
RENNY J. TYSON COMMY LA	Shows & SALAK	1 10/4	N/A
	•	,	,
		PACE:	

T SMITH BANCOE	F SMITH BARNE	IT 181 Beyen Ro low	IT 2148 MANGAMET C	ST 1257 1673 St COL	IT 2094 & WHAMPONT	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, browled end the name of the institution holding the
26 K	LY CALCA	COCMABY: OF	coundus	COLUMBIS OF	Cors, of	KY accounts			ding second e was rental eposits total- j or savings or income um, including an asset or ) or depend- ouse (JT), in e	eld business of the busi-	orting period. A	
×	×	*	~	×	*	×	Indefinite	×	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		BCDEFGHIJKL	Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
<b>Y</b>		Х	*	×	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm I	Income)		Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
X	X X	× ×	X	× ×	. X	×	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000  None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Over \$5,000,000		Current Year Preceding Year	For retirement accounts that do not allow you to choose specific investments <i>QI</i> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if no income was earned or generated.

This page may be copied if more space is required.

Conti	SCHEDOLE II — ASSETS AN	ASSETS AND CHEARINGS INCOME			- U
	Continuation Sheet (if needed)			Name	Page
	BLOCK A	вгоск в	BLOCK C	вгоск р	X D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	f Income
SP,		A B C D E F G H I J K L	9	Current Year	Preceding Year
JT,		000,000			XI III V V VI III II I
DC		000 \$15,000 - \$50,000 - \$100,000 1 - \$250,000 1 - \$500,000 01 - \$5,000,00 01 - \$25,000 001 - \$50,000 001 - \$50,000	DS GAINS ED/BLIND TF De of Income	,000 \$2,500 \$5,000 \$15,000 \$50,000 \$100,000 -\$1,000,000 1 -\$5,000,000	,000 \$2,500 \$5,000
		\$15,00° \$50,00° \$100,00° \$250,00° \$500,00° \$1,000, \$5,000, \$25,000°	NONE DIVIDE RENT INTERE CAPITA EXCEP	\$50,001 \$100,00 \$1,000,0 Over \$5,	\$50,001
15	1465 E. BROWST 104	K	X	X	X
38	PLUGENTAL	X	X		~
38	KIDENTY LOVESIMENTS	×	X	Σ.	
38	2685. HAMPING LOUS	~	<b>Y</b>		×
	I				

### SCHEDULE III - LIABILITIES

Name PRISCHLA R. TYSON Page 5

of ke

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

			J7		JT SP,
	PNC	BANK OF ABBIGRICA	INDY MAC BANK	Example: First Bank of Wilmington, DE	Creditor
			2005	May 1998	Date Liability Incurred mo/year
	REVOLUNG CAEDIT	REVOLUING CREDIT	214 8 MARGARET COLS Of	Mortgage on 123 Main Street, Dover, DE	Type of Liability
	X	<del>\</del>	X		\$10,001— \$15,000
					\$15,001— \$50,000
					\$50,001— \$100,000 O
-	<del>.</del>			×	\$250,000 \$250,001
					\$500,000 m \$500,001— _
					Ψ1,000,001
	<u>-</u>				\$5,000,000 <b>*</b> / \$5,000,001— <b>±</b> \$25,000,000 <b>±</b>
i					\$25,000,001— \$50,000,000
					Over \$50,000,000

#### SCHEDULE IV — POSITIONS

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offiprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

and positions solely of all floridiary flatore.	acule:
Position	Name of Organization
Bomo Member	GREATER COLUMBUS ANTS COUNCIL
EMPLOYEE	RIBUAY ENGINEERING CORECT

## SCHEDULE V — AGREEMENTS

Name PRISCILLA L. TYSON

Page ⊬ of \_

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	
---	--

011 6121	City bright strong and any or restrict company or	
Date	Parties To	Terms of Agreement
	16/4	

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
NA	
•	