

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZEN FOR PRISCILLA TYSON							
Full Name of Contributor Rhonda Evans					Registration Number, if PAC		
Street Address 1015 Mc Gregor Ave		Employer/Occupation/Labor Organization* Nationwide			Form (Cash, Check, etc.) check		
City Worthington	State O H	Zip Code 43085	M 1 0	D 1 1	Y 0 7	Amount 50.00	
Full Name of Contributor Julie Brown					Registration Number, if PAC		
Street Address 2927 Sherwood Rd		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 1	Y 0 7	Amount 50.00	
Full Name of Contributor Diane Glimcher					Registration Number, if PAC		
Street Address 10 N Drexel Ave		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 2	Y 0 7	Amount 100.00	
Full Name of Contributor Thomas Isaacs					Registration Number, if PAC		
Street Address 1197 Three Forks Dr S		Employer/Occupation/Labor Organization* City Treasurer			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 2	Y 0 7	Amount 100.00	
Full Name of Contributor Friends of Rick Pfeiffer Committee					Registration Number, if PAC		
Street Address 88 E Broad St Ste 1250		Employer/Occupation/Labor Organization* City Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 2	Y 0 7	Amount 1,000.00	
Full Name of Contributor Olga Lucia					Registration Number, if PAC		
Street Address 1 Miranova Pl Apt 2225		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 6	Y 0 7	Amount 100.00	
Full Name of Contributor Colleen O'Connor					Registration Number, if PAC		
Street Address 56 E Willow St		Employer/Occupation/Labor Organization* City Year			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 6	Y 0 7	Amount 25.00	
Full Name of Contributor Rose Cacioppo					Registration Number, if PAC		
Street Address 44430Camden Circle		Employer/Occupation/Labor Organization* Ohio Health			Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43016	M 1 0	D 1 6	Y 0 7	Amount 50.00	

* 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 \$ 1,475.00