

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Priscilla Tyson							
Full Name of Contributor William Brian Burgett					Registration Number, if PAC		
Street Address 7274 Kendall Lane		Employer/Occupation/Labor Organization* Corna-Kokosing, Inc.			Form (Cash, Check, etc.) Online		
City Westerville	State O H	Zip Code 43035	M 0 5	D 0 6	Y 0 9	Amount 1,010.00	
Full Name of Contributor Mario Ciardelli					Registration Number, if PAC		
Street Address 900 Seventh Street, NW		Employer/Occupation/Labor Organization* I.B.E.W. - C.O.P.E			Form (Cash, Check, etc.) Check		
City Washington	State D C	Zip Code 20001	M 0 5	D 2 8	Y 0 9	Amount 500.00	
Full Name of Contributor Larry Price					Registration Number, if PAC		
Street Address 1587 Franklin Park South		Employer/Occupation/Labor Organization* Self-Employed			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0 6	D 0 2	Y 0 9	Amount 250.00	
Full Name of Contributor Jill Tangeman					Registration Number, if PAC		
Street Address 1138 Sea Shell Drive		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0 6	D 0 4	Y 0 9	Amount 100.00	
Full Name of Contributor James Hudson					Registration Number, if PAC		
Street Address 620 Alum Creek Drive		Employer/Occupation/Labor Organization* Laborers Interntl Union Local 423 PCE			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0 6	D 2 9	Y 0 9	Amount 500.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* 7/1/09 Glimcher Fundraiser			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 7	D 0 1	Y 0 9	Amount 4,918.00	
Full Name of Contributor Bryan Knicely					Registration Number, if PAC		
Street Address 646 Sycamore Turn Lane		Employer/Occupation/Labor Organization* Unemployed			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 7	D 0 2	Y 0 9	Amount 100.00	
Full Name of Contributor Susan Saxbe					Registration Number, if PAC		
Street Address 2226 Bryden Road		Employer/Occupation/Labor Organization* Unemployed			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 7	D 0 8	Y 0 9	Amount 100.00	

* 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 \$ 7,478.00