

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Priscilla Tyson							
Full Name of Contributor Shawn Bunt					Registration Number, if PAC C00128512		
Street Address 10 South Dearborn Street		Employer/Occupation/Labor Organization* JPMorgan Chase & Co. PAC			Form (Cash, Check, etc.) Check		
City Chicago	State I L	Zip Code 60603	M 0 9	D 1 1	Y 0 9	Amount 1,000.00	
Full Name of Contributor Darnita Bradley					Registration Number, if PAC C0051979		
Street Address 200 Civic Center Drive		Employer/Occupation/Labor Organization* NiSource, Inc. PAC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 3 0	Y 0 9	Amount 250.00	
Full Name of Contributor United for Health					Registration Number, if PAC C00274431		
Street Address P.O. Box 1456		Employer/Occupation/Labor Organization* UnitedHealth Group, Inc. PAC			Form (Cash, Check, etc.) Check		
City Minneapolis	State M N	Zip Code 55440	M 1 0	D 0 7	Y 0 9	Amount 1,000.00	
Full Name of Contributor Arthur L. Evans					Registration Number, if PAC		
Street Address 5426 Baneberry Avenue		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 0	Y 0 9	Amount 50.00	
Full Name of Contributor Deborah L. Klie					Registration Number, if PAC		
Street Address 2087 Inchcliff Road		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 0	Y 0 9	Amount 100.00	
Full Name of Contributor Walter T. Chafee					Registration Number, if PAC		
Street Address 17 Juniper Road		Employer/Occupation/Labor Organization* Brown and Caldwell			Form (Cash, Check, etc.) Check		
City Franklin	State M A	Zip Code 02038	M 1 0	D 1 3	Y 0 9	Amount 500.00	
Full Name of Contributor Lauren Swanson					Registration Number, if PAC OH146		
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization* Columbus Apartment Association PAC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 2	Y 0 9	Amount 500.00	
Full Name of Contributor Kathy A. Owens					Registration Number, if PAC		
Street Address 2550 Tucker Trail		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 1 0	D 1 4	Y 0 9	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 \$ 3,450.00