3	1	-A		
R.	c.	35	17.	10

Page	1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. C. C. Line in Fall					
Name of Committee in Full					
Citizens for Priscilla Tyson		Decistration Number 15 D	۸۲		
Full Name of Contributor			Registration Number, if PAC		
Shawn Bunt		C00128512	Faure (Code Charle at a)		
Street Address	Employer/Occupation/Labor Org	·	Form (Cash, Check, etc.)		
10 South Dearborn Street	JPMorgan Chase &		<u>Check</u>		
City	State Zip Code	M D Y	Amount		
Chicago	I L 60603	0 9 1 1 0 9	1,000.00		
Full Name of Contributor		Registration Number, if P	AC		
Darnita Bradley		C0051979			
Street Address	Employer/Occupation/Labor Org	ganization*	Form (Cash, Check, etc.)		
200 Civic Center Drive	NiSource, Inc. PAC		Check		
City	State Zip Code	M D Y	Amount		
Columbus	O H 43215	0 9 3 0 0 9	250.00		
Full Name of Contributor	Registration Number, if P	Registration Number, if PAC			
United for Health		C00274431	C00274431		
Street Address	Employer/Occupation/Labor Org	ganization*	Form (Cash, Check, etc.)		
P.O. Box 1456	UnitedHealth Grou		Check		
City	State Zip Code	M D Y	Amount		
Minneapolis	M N 55440	1 0 0 7 0 9	1,000.00		
Full Name of Contributor	141 00110	Registration Number, if F	The same of the sa		
Arthur L. Evans		,			
Street Address	Employer/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)		
			Check		
5426 Baneberry Avenue	State Zip Code	MDY	Amount		
City		1 0 1 0 0 9	50.00		
Columbus	O F1 43235	Registration Number, if F	II		
Full Name of Contributor		Registration Number, in	AC		
Deborah L. Klie			Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Or	ganization	roini (Casii, Check, etc.)		
2087 Inchcliff Road	City of Columbus				
City	State Zip Code	M D Y	Amount		
Columbus	O H 43221	101009	100.00		
Full Name of Contributor		Registration Number, if I	PAC		
Walter T. Chafee					
Street Address	Employer/Occupation/Labor Or		Form (Cash, Check, etc.)		
17 Juniper Road	Brown and Caldw	rell	Check		
City	State Zip Code	M D Y	Amount		
Franklin	M A 02038	1 0 1 3 0 9			
Full Name of Contributor		Registration Number, if I	PAC		
Lauren Swanson			OH146		
Street Address	Employer/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)		
1225 Dublin Road	Columbus Apartment Association I		Check		
City	State Zip Code	M D Y	Amount		
Columbus	O H 43215	1 0 1 2 0 9	500.00		
Full Name of Contributor					
Full Name of Contributor Kathy A. Owens					
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
2550 Tucker Trail	City of Columbus		Check		
	State Zip Code	M D Y	Amount		
City I arvin Comton		1 1 1 1 1 1 1			
Lewis Center	O H 43035	1 0 1 4 0 9	30.00		

* 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