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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for Priscilla Tyson									
Full Name of Contributor					Registration Number, if PAC				
Shawn Bunt					C00128512				
Street Address	Employer/	Employer/Occupation/Labor Organization*				200310000000000000000000000000000000000	Form (Cash, Check, etc.)		
10 South Dearborn Street	I IPMo	JPMorgan Chase & Co. PA					Check		
City	State		Zip Code	М	D	Υ	Amount		
Chicago	II	L	60603	1019	111	0 9		1,000.00	
Full Name of Contributor				NAME OF TAXABLE PARTY OF TAXABLE PARTY.	ation Nu	CONTRACTOR OF THE PARTY OF THE	AC		
Darnita Bradley					05197	9			
Street Address	Employer/	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
200 Civic Center Drive	NiSo	NiSource, Inc. PAC						Check	
City	State		Zip Code	М	D	Y	Amount		
Columbus		H	43215	0 9	310	019		250.00	
Full Name of Contributor					Registration Number, if PAC				
United for Health				C00274431					
Street Address	Employer/	Occup	oation/Labor Organization*				Form (Cash, Check, etc.)		
P.O. Box 1456	Unite	edH	ealth Group, Inc.	PAC	PAC			Check	
City	State		Zip Code	М	D	Y	Amount		
Minneapolis	M	Ν	55440	1110	0 7	0 9		1,000.00	
Full Name of Contributor				MONTHURSENING	ation Nu	Maria Carlo	Commence and the control of the cont		
Arthur L. Evans									
Street Address	Employer/	Occup	oation/Labor Organization*				Form (Cash,	Check, etc.)	
5426 Baneberry Avenue	Retir	Retired					Check		
City	State		Zip Code	М	D	Υ	Amount		
Columbus		H	43235	110	1 0	0 9		50.00	
Full Name of Contributor	anazaran anafarra aran aran arang da a			charge and the control of the contro	ation Nu	- Company	AC		
Deborah L. Klie									
Street Address	Employer/	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2087 Inchcliff Road	City	of C	Columbus						
City	State	•	Zip Code	М	D	Υ	Amount	***************************************	
Columbus	0	Н	43221	110	1 0	0 9		100.00	
Full Name of Contributor		on an an and an a		Registr	ation Nu		AC		
Walter T. Chafee									
Street Address	Employer/	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
17 Juniper Road	Brow	Brown and Caldwell						Check	
City	State		Zip Code	М	D	Y	Amount		
Franklin	M	Α	02038	1 0	1 3	0 9		500.00	
Full Name of Contributor	2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Registration Number, if PAC				
Lauren Swanson				OH146					
Street Address					Form (Cash, Check, etc.)				
	1225 Dublin Road Columbus Apartment As		ociati	on PA	'C	Check			
City	State		Zip Code	М	D		Amount		
Columbus	0	H	43215	110	1 2	0 9		500.00	
Full Name of Contributor				Registration Number, if PAC					
Kathy A. Owens									
Street Address Employer/Occupation/Labor Or			pation/Labor Organization*	ization*			Form (Cash, Check, etc.)		
2550 Tucker Trail		City of Columbus					Check		
City	State		Zip Code	М	D	Y	Amount		
Lewis Center	0	Н	43035	1 0	1 4	0 9		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