

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Lindsay Duffey							
Full Name of Contributor Jennifer Rozanski					Registration Number, if PAC		
Street Address 231 Clover Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 08	D 28	Y 15	Amount \$25.00	
Full Name of Contributor Jayne Schaffer					Registration Number, if PAC		
Street Address 10523 Diamante Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Ft. Myers	State FL	Zip Code 33913	M 08	D 28	Y 15	Amount \$50.00	
Full Name of Contributor Marc Schare					Registration Number, if PAC		
Street Address 2113 Selbourne Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43016	M 08	D 20	Y 15	Amount \$25.00	
Full Name of Contributor Jaelith Taddeo					Registration Number, if PAC		
Street Address 623 Sanbridge Cir. W.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 09	D 11	Y 15	Amount \$25.00	
Full Name of Contributor Harry Todd					Registration Number, if PAC		
Street Address 325 E. North St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 09	D 12	Y 15	Amount \$30.00	
Full Name of Contributor Karen Vaeth					Registration Number, if PAC		
Street Address 102 E. Beaumont		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43214	M 08	D 30	Y 15	Amount \$25.00	
Full Name of Contributor Chris Weaver					Registration Number, if PAC		
Street Address 1825 Coventry Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington	State OH	Zip Code 43212	M 08	D 28	Y 15	Amount \$25.00	
Full Name of Contributor Sue Weaver					Registration Number, if PAC		
Street Address 8606 Finlarig Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 08	D 31	Y 15	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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **255.00**