

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Lindsay Duffey													
Full Name of Contributor Jane Weislogel							Registration Number, if PAC						
Street Address 5935 N. High St. Apt 221				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Worthington		State OH		Zip Code 43085		M 08		D 30		Y 15		Amount \$30.00	
Full Name of Contributor Scott Whitlock							Registration Number, if PAC						
Street Address 6081 Olentangy River Rd.				Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check						
City Worthington		State OH		Zip Code 43085		M 08		D 27		Y 15		Amount \$100.00	
Full Name of Contributor Sandra Byers							Registration Number, if PAC						
Street Address 139 Saint Julien St				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Worthington		State OH		Zip Code 43085		M 10		D 07		Y 15		Amount \$50.00	
Full Name of Contributor Todd Bailey							Registration Number, if PAC						
Street Address 425 Haymore Ave. N.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Worthington		State OH		Zip Code 43085		M 10		D 06		Y 15		Amount \$50.00	
Full Name of Contributor Sarah Denny							Registration Number, if PAC						
Street Address 182 E. New England Ave.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Worthington		State OH		Zip Code 43085		M 10		D 06		Y 15		Amount \$40.00	
Full Name of Contributor Josephine Munhall							Registration Number, if PAC						
Street Address 5655 N. High St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Worthington		State OH		Zip Code 43085		M 09		D 25		Y 15		Amount \$25.00	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

* 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 \$

295.00
~~1200.00~~