

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Lindsay Duffey						
Full Name of Contributor Sue Funk				Registration Number, if PAC		
Street Address 6792 Alloway Street W.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 08	D 27	Y 15	Amount \$25.00
Full Name of Contributor Melissa Gayhart				Registration Number, if PAC		
Street Address 677 Farrington Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 08	D 29	Y 15	Amount \$25.00
Full Name of Contributor Courtney Jolley				Registration Number, if PAC		
Street Address 491 Loveman		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 09	D 04	Y 15	Amount \$50.00
Full Name of Contributor Frank LaRose				Registration Number, if PAC		
Street Address 553 Royal Crest		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Copley	State OH	Zip Code 44321	M 09	D 15	Y 15	Amount \$30.00
Full Name of Contributor Lauren LaRose				Registration Number, if PAC		
Street Address 553 Royal Crest		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Copley	State OH	Zip Code 44321	M 09	D 13	Y 15	Amount \$30.00
Full Name of Contributor Sarah Min				Registration Number, if PAC		
Street Address 267 Highgate Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 09	D 09	Y 15	Amount \$35.00
Full Name of Contributor Christopher Miranda				Registration Number, if PAC		
Street Address 8639 Finlarig Dr.		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 Suzanne Park				Registration Number, if PAC		
Street Address 728 Magalloway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Cary	State NC	Zip Code 27519	M 08	D 31	Y 15	Amount \$25.00

* 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)]