

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR DUFFEY									
Full Name of Contributor JOHN D. JOLLEY						Registration Number, if PAC			
Street Address 491 LOVEMAN AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON		State OH		Zip Code 43085		M 1	D 0	Y 9	Amount \$ 50.00
Full Name of Contributor WORTHINGTON REPUBLICAN WOMEN						Registration Number, if PAC			
Street Address 526 HAYMORE AVE. NORTH			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON		State OH		Zip Code 43085		M 1	D 0	Y 9	Amount \$ 50.00
Full Name of Contributor WILES, BOYLE, BURKHOLDER, BRINGARDNER CO., L.P.A.						Registration Number, if PAC CP-1058			
Street Address 300 SPRUCE STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43215		M 1	D 0	Y 9	Amount \$ 200.00
Full Name of Contributor GEOFFREY A. & ASHLEY S. PERISH						Registration Number, if PAC			
Street Address 10109 PAXTON RUN RD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City CHARLOTTE		State NC		Zip Code 28277		M 1	D 0	Y 9	Amount \$ 50.00
Full Name of Contributor MARY E. & R. PARKER MACDONELL						Registration Number, if PAC			
Street Address 320 MEDICK WAY			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON		State OH		Zip Code 43085		M 1	D 0	Y 9	Amount \$ 50.00
Full Name of Contributor CHRISTOPHER & ALICESON STARLEY						Registration Number, if PAC			
Street Address 110 E. BLENKNER STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43206		M 1	D 0	Y 9	Amount \$ 50.00
Full Name of Contributor JUTTA CATHERINE PEGUES						Registration Number, if PAC			
Street Address 107 HALLIGAN AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON		State OH		Zip Code 43085		M 1	D 0	Y 9	Amount \$ 100.00
Full Name of Contributor KIM I. REDFERN						Registration Number, if PAC			
Street Address 2841 N. BLUFF RIDGE DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City PORT CLINTON		State OH		Zip Code 43452		M 1	D 1	Y 6	Amount \$ 100.00

* 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 \$ 650.00