

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR DUFFEY									
Full Name MICHAEL P. DUFFEY					Registration Number, if PAC				
Address 645 FARRINGTON DR.			Type*		M	D	Y	Amount \$2,500.00	
City WORTHINGTON			State OH	Zip Code 43085	Form(Cash,Check,etc) CHECK				
Full Name									
Address					Type*		M	D	Y
City					State	Zip Code	Form(Cash,Check,etc)		
Full Name									
Address					Type*		M	D	Y
City					State	Zip Code	Form(Cash,Check,etc)		
Full Name									
Address					Type*		M	D	Y
City					State	Zip Code	Form(Cash,Check,etc)		
Full Name									
Address					Type*		M	D	Y
City					State	Zip Code	Form(Cash,Check,etc)		
Full Name									
Address					Type*		M	D	Y
City					State	Zip Code	Form(Cash,Check,etc)		
Full Name									
Address					Type*		M	D	Y
City					State	Zip Code	Form(Cash,Check,etc)		
Full Name									
Address					Type*		M	D	Y
City					State	Zip Code	Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 2,500.00