

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR DUFFEY				
Full Name of Contributor MARIA C. & ROBERT J. MCGRAW ✓			Registration Number, if PAC	
Street Address 2579 SCOTT COURT	Employer/Occupation/Labor Organization*		M 0	D 6
City GROVE CITY	State OH	Zip Code 43123	Y 0	Amount 45.00
Form (Cash, Check, etc) CHECK				
Full Name of Contributor DONALD JOHN FALCOSKI ✓			Registration Number, if PAC	
Street Address 5971 OLENTANGY RIVER RD.	Employer/Occupation/Labor Organization*		M 0	D 6
City WORTHINGTON	State OH	Zip Code 43085	Y 0	Amount 45.00
Form (Cash, Check, etc) CHECK				
Full Name of Contributor JASON M. DOMINGUEZ ✓			Registration Number, if PAC	
Street Address 5700 CEYLON DR.	Employer/Occupation/Labor Organization*		M 0	D 6
City HILLIARD	State OH	Zip Code 43026	Y 0	Amount 45.00
Form (Cash, Check, etc) CHECK				
Full Name of Contributor BRIAN W. METZBOWER ✓			Registration Number, if PAC	
Street Address 609 S. SURF RD.	Employer/Occupation/Labor Organization*		M 0	D 6
City OCEAN CITY	State MD	Zip Code 21842	Y 0	Amount 45.00
Form (Cash, Check, etc) CHECK				
Full Name of Contributor ERIK F. VASSEN OFF ✓			Registration Number, if PAC	
Street Address 2260 SWANSEA ROAD	Employer/Occupation/Labor Organization*		M 0	D 6
City UPPER ARLINGTON	State OH	Zip Code 43221	Y 0	Amount 100.00
Form (Cash, Check, etc) CHECK				
Full Name of Contributor ERIC RICHTER ✓			Registration Number, if PAC	
Street Address 316 WEST 5TH AVENUE	Employer/Occupation/Labor Organization*		M 0	D 6
City COLUMBUS	State OH	Zip Code 43201	Y 0	Amount 100.00
Form (Cash, Check, etc) CHECK				
Full Name of Contributor NICK J. CIPITI ✓			Registration Number, if PAC	
Street Address 292 NORTHRIDGE RD.	Employer/Occupation/Labor Organization*		M 0	D 6
City COLUMBUS	State OH	Zip Code 43214	Y 0	Amount 100.00
Form (Cash, Check, etc) CHECK				

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$1,230.00

Total expenditures this event

0Page Total \$ **480.00**