

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>CITIZENS FOR DUFFEY</u>					
Full Name of Contributor <u>WILLIAM M. COLGAN</u>				Registration Number, if PAC	
Street Address <u>1510 ELMWOOD AVE.</u>	Employer/Occupation/Labor Organization*		M <u>06</u>	D <u>02</u>	Y <u>09</u>
City <u>COLUMBUS</u>	State <u>OH</u>	Zip Code <u>43212</u>	Form (Cash, Check, etc) <u>CHECK</u>		
Full Name of Contributor <u>JOHN D. JOLLEY</u>				Registration Number, if PAC	
Street Address <u>491 LOVEMAN AVE.</u>	Employer/Occupation/Labor Organization*		M <u>06</u>	D <u>02</u>	Y <u>09</u>
City <u>WORTHINGTON/COLUMBUS</u>	State <u>OH</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc) <u>CHECK</u>		
Full Name of Contributor <u>GEORGE J. ARNOLD</u>				Registration Number, if PAC	
Street Address <u>3020 DALE AVE.</u>	Employer/Occupation/Labor Organization*		M <u>06</u>	D <u>02</u>	Y <u>09</u>
City <u>COLUMBUS</u>	State <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc) <u>CHECK</u>		
Full Name of Contributor <u>NICK EVERHART</u>				Registration Number, if PAC	
Street Address <u>17 WEST 3RD AVE, SUITE 221</u>	Employer/Occupation/Labor Organization*		M <u>06</u>	D <u>02</u>	Y <u>09</u>
City <u>COLUMBUS</u>	State <u>OH</u>	Zip Code <u>43201</u>	Form (Cash, Check, etc) <u>CASH</u>		
Full Name of Contributor <u>KERRY LUXHOJ</u>				Registration Number, if PAC	
Street Address <u>2632 WESTMONT BLVD.</u>	Employer/Occupation/Labor Organization*		M <u>06</u>	D <u>02</u>	Y <u>09</u>
City <u>COLUMBUS</u>	State <u>OH</u>	Zip Code <u>43221</u>	Form (Cash, Check, etc) <u>CASH</u>		
Full Name of Contributor <u>JODI ORSINE</u>				Registration Number, if PAC	
Street Address <u>5534 FIREHOLE FALLS STREET</u>	Employer/Occupation/Labor Organization*		M <u>06</u>	D <u>02</u>	Y <u>09</u>
City <u>DUBLIN</u>	State <u>OH</u>	Zip Code <u>43016</u>	Form (Cash, Check, etc) <u>CASH</u>		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		

* 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

Total expenditures this event

Page Total \$375.00