

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR DUFFEY							
Full Name of Contributor KIMBERLY J. NIXON-BELL & ANKER M. BELL						Registration Number, if PAC	
Street Address 6077 OLENTANGY RIVER RD.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WORTHINGTON		State OH		Zip Code 43085		M D Y 09 01 09	
Amount \$50.00							
Full Name of Contributor SCOTT WHITLOCK						Registration Number, if PAC	
Street Address 6081 OLENTANGY RIVER RD.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WORTHINGTON		State OH		Zip Code 43085		M D Y 09 07 09	
Amount 50.00							
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
Amount							
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City		State		Zip Code		M D Y	
Amount							
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Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
Amount							
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Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
Amount							

* 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 \$ 100.00