Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full PiTIZENS FOR DUFFEY										¢ p		
Full Name of Contributor THOMAS C. FALLAMON	an Carried Company (1965) and Carried Company (1	Registration Number, if PAC						alliko kari plantini kali ilikuli kika kika kika pina kika kika kika kika kika kika kika k				
Street Address 1102 OREGON AVE,	Employer/C						Tire es	Form (Cash, Check, etc.) OHECK				
Name of Committee in Full Full Name of Contributor THOMAS C. ALLAMON Street Address 1102 OREGON AVE, City City Color Manager Contributor Full Name of Contributor Ful	State O /		Zip Code 43201 - 3371	an britisan	2	0	8	0	3	Amount 50,00		
Full Name of Contributor							Registration Number, if PAC					
Street Address	Employer/C	- America	disconnection and an extension of the second se					Form (Cash, Check, etc.)				
City	State	***********	Zip Code	М		D		Y	/	Amount		
Full Name of Contributor							Registration Number, if PAC					
Street Address	Employer/O							Form (Cash, Check, etc.)				
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Full Name of Contributor Registration Number, if									if PA	A.C		
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)			
City	State		Zip Code	М		D		Y		Amount		
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Street Address	Employer/O							Form (Cash, Check, etc.)				
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* 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 \$ \$ 0.00