31-E
R.C. 3517.10(B)

Event Date 06/02/09
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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	Registration Number, if PAC					
JAMES E. SAVAGE ✓						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1824 CLARA STREET		06	02	09	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
COLUMBUS	OH	43211	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
HASTIE LAW OFFICES, LLC ✓						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1441 KING AVE., STE. 101		06	02	09	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
COLUMBUS	OH	43212	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
JENNIFER IMES ✓						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1730 KING AVE. APT D,		06	02	09	50.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
COLUMBUS	OH	43212	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
KEITH S. & DAPHNE HAWK ✓						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
2374 WHITE RD.		06	02	09	50.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
GROVE CITY	OH	43123	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
STEPHANIE A. PLANT ✓						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1005 HARTFORD ST.		06	02	09	25.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
WORTHINGTON	OH	43085	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
CLARA REILLY IRELAND ✓						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1810 F KINES CT.		06	02	09	25.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
COLUMBUS	OH	43212				
Full Name of Contributor	**Registration Number, if PAC**					
WADE T. & MARTHA J. STEEN ✓						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
2500 SHERWIN RD.		06	02	09	25.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
UPPER ARLINGTON	OH	43221	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

Total expenditures this event

Page Total $375.00