

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Lindsay Duffey									
Full Name of Contributor Sue Funk							Registration Number, if PAC		
Street Address 6792 Alloway Street W.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington		State OH		Zip Code 43085		M 08		D 27	
						Y 15		Amount \$25.00	
Full Name of Contributor Melissa Gayhart							Registration Number, if PAC		
Street Address 677 Farrington Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington		State OH		Zip Code 43085		M 08		D 29	
						Y 15		Amount \$25.00	
Full Name of Contributor Courtney Jolley							Registration Number, if PAC		
Street Address 491 Loveman				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington		State OH		Zip Code 43085		M 09		D 04	
						Y 15		Amount \$50.00	
Full Name of Contributor Frank LaRose							Registration Number, if PAC		
Street Address 553 Royal Crest				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Copley		State OH		Zip Code 44321		M 09		D 15	
						Y 15		Amount \$30.00	
Full Name of Contributor Lauren LaRose							Registration Number, if PAC		
Street Address 553 Royal Crest				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Copley		State OH		Zip Code 44321		M 09		D 13	
						Y 15		Amount \$30.00	
Full Name of Contributor Sarah Min							Registration Number, if PAC		
Street Address 267 Highgate Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington		State OH		Zip Code 43085		M 09		D 09	
						Y 15		Amount \$35.00	
Full Name of Contributor Christopher Miranda							Registration Number, if PAC		
Street Address 8639 Finlarig Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin		State OH		Zip Code 43017		M 08		D 28	
						Y 15		Amount \$25.00	
Full Name of Contributor Suzanne Park							Registration Number, if PAC		
Street Address 728 Magalloway				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cary		State NC		Zip Code 27519		M 08		D 31	
						Y 15		Amount \$25.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **245.00**