

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|--------------------|--------------------------|---|----------------|-----------------------------|--|--|
| Name of Committee in Full CITIZENS FOR DUFFEY | | | | | | | |
| Full Name of Contributor DR. TIMOTHY P. DUFFEY & COLLEEN C. DUFFEY | | | | | Registration Number, if PAC | | |
| Street Address 2431 ONANPAGE DR. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City UPPER ARKINGTON | State OH | Zip Code 43221 | M 11 | D 16 | Y 09 | Amount 250.00 | |
| 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 | |
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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 \$ 250.00