

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR DUFFEY							
Full Name of Contributor R. GREGORY BROWNING & LYNNE J. BROWNING						Registration Number, if PAC	
Street Address 686 HARTFORD ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	M 09	D 29	Y 09	Amount \$ 200.00	
Full Name of Contributor MARGARET B. HUFF & RONALD E. HUFF						Registration Number, if PAC	
Street Address 90 WILSON DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	M 09	D 29	Y 09	Amount 50.00	
Full Name of Contributor MATTHEW G. KALLNER, LLC						Registration Number, if PAC	
Street Address 65 E. GAY ST. SUITE 210			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	M 09	D 17	Y 09	Amount 250.00	
Full Name of Contributor PATRICIA SMITH						Registration Number, if PAC	
Street Address 787 PINE CLIFF PLACE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	M 10	D 01	Y 09	Amount 50.00	
Full Name of Contributor ANTHONY PELLO TR						Registration Number, if PAC	
Street Address 949 CHRYSTON DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	M 10	D 01	Y 09	Amount 100.00	
Full Name of Contributor ELIZABETH WALTON SEITZ & BRIAN A. SEITZ						Registration Number, if PAC	
Street Address 250 E. SOUTH ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	M 10	D 01	Y 09	Amount 100.00	
Full Name of Contributor JOHN MCADAMS BAKER						Registration Number, if PAC	
Street Address 14730 MAIN ST. APT. C0308			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MILL CREEK	State WA	Zip Code 98012-2059	M 09	D 25	Y 09	Amount 50.00	
Full Name of Contributor LISA A. PURVIS - HINSON						Registration Number, if PAC	
Street Address 7518 OGDEN WOODS			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 10	D 01	Y 09	Amount 500.00	

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