

Event Date	09/16/09
Page	1

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 JOHN TOTH				Registration Number, if PAC	
Street Address 51 E. SOUTH ST.		Employer/Occupation/Labor Organization*		M 09	D 16
City WORTHINGTON		State OH	Zip Code 43085	Y 09	Amount 30.00
Form(Cash,Check,etc) CASH					
Full Name of Contributor FREDERICK R. YAEGER, JR.					
Street Address 285 BRYANT AVE.				Registration Number, if PAC	
City WORTHINGTON		State OH	Zip Code 43085	M 09	D 16
Employer/Occupation/Labor Organization*		Y 09	Amount 50.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor MARC SHARE					
Street Address 2113 SEABOURNE CT.				Registration Number, if PAC	
City DUBLIN		State OH	Zip Code 43016	M 09	D 18
Employer/Occupation/Labor Organization*		Y 09	Amount 50.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor NANCY POWERS & JOHN DUFFEY					
Street Address 5042 BROXBURN CT.				Registration Number, if PAC	
City DUBLIN		State OH	Zip Code 43017	M 09	D 16
Employer/Occupation/Labor Organization*		Y 09	Amount 50.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor PHILLIP B. SHAFFER, M.D. & JENNIFER S. LYON					
Street Address 6500 PLESENTON DRIVE				Registration Number, if PAC	
City WORTHINGTON		State OH	Zip Code 43085	M 09	D 17
Employer/Occupation/Labor Organization*		Y 09	Amount 100.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor NANCY D. EDWARDS & DAVID A. EDWARDS, JR.					
Street Address 1953 MARBLECLIFF CROSSING CT.				Registration Number, if PAC	
City COLUMBUS		State OH	Zip Code 43204	M 09	D 16
Employer/Occupation/Labor Organization*		Y 09	Amount 100.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor DR. TIMOTHY P. DUFFEY & COLLEEN C. DUFFEY					
Street Address 2431 ONANDAGA DR.				Registration Number, if PAC	
City UPPER ARLINGTON		State OH	Zip Code 43221	M 09	D 16
Employer/Occupation/Labor Organization*		Y 09	Amount 150.00		
Form(Cash,Check,etc) 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
\$1,050.00

Total expenditures this event
\$253.21

Page Total \$ **53 0.00**