



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Citizens for Lindsay Duffey						
Full Name of Contributor	Registration Nur			Registration Numb	er, if PAC	
Chad Owens Street Address						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
48 W. South St.	Key Bank/banker				check	
City	State	Zip Code	Date (MM/DI	•	Amount	
Worthington	ОН	43085	03/21/	12017	100.00	
Full Name of Contributor				Registration Numb	er, if PAC	
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Full Name of Contributor		,1		Registration Numb	er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY) Amount		Amount	
Full Name of Contributor				Registration Numb	I er, if PAC	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, et			Form (Cash, Check, etc.)		
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Full Name of Contributor	Registration Number, if PAC					
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Ca			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	

Page Total	100.00
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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 also appear. [R.C. 3517.10(B)(4)]