

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
Citizens for Lindsay Duffey											
Full Name of Contributor							Registration Number, if PAC				
Jane Weislogel											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
5935 N. High St. Apt 221				retired			check				
City		State		Zip Code		M		D		Y	
Worthington		OH		43085		08		30		15	
Amount							\$30.00				
Full Name of Contributor							Registration Number, if PAC				
Scott Whitlock											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
6081 Olentangy River Rd.				retired			check				
City		State		Zip Code		M		D		Y	
Worthington		OH		43085		08		27		15	
Amount							\$100.00				
Full Name of Contributor							Registration Number, if PAC				
Sandra Byers											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
139 Saint Julien St							check				
City		State		Zip Code		M		D		Y	
Worthington		OH		43085		10		07		15	
Amount							\$50.00				
Full Name of Contributor							Registration Number, if PAC				
Todd Bailey											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
425 Haymore Ave. N.							check				
City		State		Zip Code		M		D		Y	
Worthington		OH		43085		10		06		15	
Amount							\$50.00				
Full Name of Contributor							Registration Number, if PAC				
Sarah Denny											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
182 E. New England Ave.							check				
City		State		Zip Code		M		D		Y	
Worthington		OH		43085		10		06		15	
Amount							\$40.00				
Full Name of Contributor							Registration Number, if PAC				
Josephine Munhall											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
5655 N. High St.							check				
City		State		Zip Code		M		D		Y	
Worthington		OH		43085		09		25		15	
Amount							\$25.00				
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											

* 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 \$

295.00
~~200.00~~