



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens to Elect Dineese Owen				
Full Name of Contributor Marc Gofstein			Registration Number, if PAC	
Street Address 1265 E. Haddon Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/25/2017	Amount \$250.00
Full Name of Contributor Kevin L. Boyce Committee			Registration Number, if PAC	
Street Address 1480 Dublin Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 12/01/2017	Amount \$250.00
Full Name of Contributor Alana Jochnum			Registration Number, if PAC	
Street Address 2031 West 45th St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Cleveland	State OH	Zip Code 44102	Date (MM/DD/YYYY) 12/01/2017	Amount \$50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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 \$550.00