



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens to Elect Deneese Owen				
Full Name of Contributor James Fudge			Registration Number, if PAC	
Street Address 4859 Sloane Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 08/03/2017	Amount \$100.00
Full Name of Contributor Lee Nathans			Registration Number, if PAC	
Street Address 55 S. Remington Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 07/15/2017	Amount \$50.00
Full Name of Contributor Sun Pao Ying Steele			Registration Number, if PAC	
Street Address 4043 Laurel Hill Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City N. Las Vegas	State OH NV	Zip Code 891032	Date (MM/DD/YYYY) 08/11/2017	Amount \$200.00
Full Name of Contributor Citizens for Stinziano			Registration Number, if PAC	
Street Address 550 E. Walnut St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/15/2017	Amount \$200.00
Full Name of Contributor Baggs for Ohio			Registration Number, if PAC	
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/16/2017	Amount \$200.00

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