Page	2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		· -				••
Citizens to Elect Deneese Owen						
Full Name of Contributor			Regist	ration Nur	nber, if PA	AC
Michael Steele						
Stenge Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Check, etc.)
P.O. BOX 4223						Cash
P.O. Box 4223 City Arizona City	State	Zip Code	М	D	Y	Amount
Arizona Uty	$A \mid Z$		11(<u> 310</u>	13	100.00
Full Name of Contributor			Regist	ration Nur	nber, if PA	AC
Lisa Stinziano						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
184 S. Ardmore Rd		1	_			Check
City	State	Zip Code	M	D	Y	Amount
Bexlev	ОН	43209	11(100.00
Full Name of Contributor			Regist	ration Nur	nber, if PA	AC .
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
Succi Address	Ishiployeroccu	padow Caoor Organization				Total (Casil, Clack, etc.)
City	State	Zip Code	М	D	ΙΥ	Amount
			"	lí	1 1	
Full Name of Contributor			Regist	ration Nur	nber, if PA	AC
					,	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Regist	ration Nur	nber, if PA	AC
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
				<u> </u>	<u>!</u>	
Full Name of Contributor			Regist	ration Nur	nber, if PA	AC .
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
		, ,				
City	State	Zip Code	М	D	Y	Amount
	1			1 1	1 1	
Full Name of Contributor	•		Regist	ration Nur	nber, if PA	AC
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
		,				,,
City	State	Zip Code	М	Б	Y	Amount
	1 1					
Full Name of Contributor			Regist	ration Nu	nber, if PA	AC .
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
					,	
City	State	Zip Code	М	D	Y	Amount
and the combinations from individuals over \$100 to state and and				<u> </u>	<u> </u>	<u> </u>

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)]

Page Total \$	200.00