

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 Brendan Kelly				Registration Number, if PAC			
Street Address 964 N. 4th Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43201	M 1 0	D 1 7	Y 1 3	Amount 50.00	
Full Name of Contributor Katherine Habgood				Registration Number, if PAC			
Street Address 11504 Lake Ridge Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Tampa	State F L	Zip Code 33618	M 1 0	D 1 8	Y 1 3	Amount 50.00	
Full Name of Contributor Julie Chapman				Registration Number, if PAC			
Street Address 1716 Delaney Creek Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Las Vegas	State N V	Zip Code 89134	M 1 0	D 2 3	Y 1 3	Amount 100.00	
Full Name of Contributor Stacy Clemence				Registration Number, if PAC			
Street Address 16887 Ridge Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City North Royalton	State O H	Zip Code 44133	M 1 0	D 2 3	Y 1 3	Amount 100.00	
Full Name of Contributor Kim Owen				Registration Number, if PAC			
Street Address 535 S. 500 E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Avilla	State I N	Zip Code 46710	M 1 0	D 2 4	Y 1 3	Amount 200.00	
Full Name of Contributor David Moses				Registration Number, if PAC			
Street Address 413 Fry Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Churubusco	State I N	Zip Code 46723	M 1 0	D 2 5	Y 1 3	Amount 30.00	
Full Name of Contributor Marc Lippman				Registration Number, if PAC			
Street Address 136 N. Remington Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Bexlev	State O H	Zip Code 43209	M 1 1	D 0 5	Y 1 3	Amount 50.00	
Full Name of Contributor Lori Maite				Registration Number, if PAC			
Street Address 190 North Roosevelt Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Bexlev	State O H	Zip Code 43209	M 1 1	D 0 5	Y 1 3	Amount 100.00	

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