31-A
R.C. 3517.10

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Elect Deneese Owe	n		-		
Full Name of Contributor	Registration Number, if PAC				
Deneese Owen					
Street Address 2581 Sherwood Rd	Employer/Occu	pation/Labor Organization®	<u> </u>	Form (Cash, Check, etc.) Bank Transfer	
City Bexley	State OH	Zip Code 43209	M D Y O 7 0 1 1 3	Amount \$25.00	
Full Name of Contributor			Registration Number, if P	AC	
David Pryor					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
2341 Bryden Rd				Check	
City	State	Zip Code	M D Y 1 3 1 3	Amount	
Bexley	OH	43209		\$50.00	
Full Name of Contributor Susan Williams			Registration Number, if PAC		
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
371 Northview Drive				Check	
City Bexley	OH State	Zip Code 43209	$\begin{bmatrix} 0 & 7 & 1 & 4 & 1 \end{bmatrix} 3$	Amount \$100.00	
Full Name of Contributor	·		Registration Number, if P	AC	
Kim B Owen			<u> </u>		
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
535 S 500 E				Check	
City Avilla	Stațe IN	Zip Code 46725 46710	0 7 2 3 1 3	Amount \$250.00	
Full Name of Contributor Eileen R Straub			Registration Number, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
5654 N 350 E	' *			Check	
City	State	Zip Code	M D Y	Amount	
Columbia City	IN .	46725	0 7 2 2 1 3	\$100.00	
Full Name of Contributor	Registration Number, if F	AC			
Sun Pao Ying Steele					
Street Address 4043 Laurel Hill Dr	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City	State	Zip Code 89032	M D Y O 7 1 8 1 3	Amount	
North Las Vegas	NV	89032	1 1 1	\$100.00	
Full Name of Contributor Betsy Ross	Registration Number, if F	PAC			
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
2495 Bexley Park				Check	
City Bexley	State OH	Zip Code 43209	0 8 2 4 1 3	Amount \$100.00	
Full Name of Contributor Samantha A Shuler			Registration Number, if I	PAC	
Street Address	Emnloyer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
25 N Roosevelt	Zanpioyen occu	*		Check	
City	State	Zip Code	M D Y	Amount	
Bexley	OH	43209	0 8 2 2 1 3	\$50.00	

Page Total \$775.00

^{*} 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)]