

Page 2

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Citizens to Elect Dences Owen						
Full Name of Contributor				Registration Number, if PAC		
Lisa Stinziano						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
10400 Slough Rd.					check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Canal Winchester	ОН	43110	08/17/2017		\$150,00	
Full Name of Contributor	F				er, if PAC	
Herbert Glimoner						
Street Address	Employer/	Occupation/Labor Org	anization*		Form (Cash, Check, etc.)	
10 N. Dreyel Ave.					cneck	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Bevily	ОН	43209	091115	2017	\$50.00	
Full Name of Contributor				Registration Numb	egistration Number, if PAC	
Friends of OiConnor						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
545 E. 70Wn St.					check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43215	09/15/2017		\$50.00	
Full Name of Contributor Registration Nu					er, if PAC	
Friends of Elizabeth	Zabeth Brown					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
545 E. 70WN St.					Check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Columbus	ОН	43215	09/15	12017	\$ 200.00	
Full Name of Contributor				Registration Number, if PAC		
Klein Committee						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
545 E. Town St.					Check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbias	OH	43315	C9121/2017		\$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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$550.00