

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Elect Deneese Owen				
Full Name of Contributor Rebecca Norton			Registration Number, if PAC	
Street Address 56 N Roosevelt	Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Rebecca Norton			Registration Number, if PAC	
Street Address 56 N Roosevelt	Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$36.00
			Form (Cash, Check, etc.) Cash	
Full Name of Contributor Laura S Phieffer			Registration Number, if PAC	
Street Address 419 Columbia Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$200.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer M Nelson Carney			Registration Number, if PAC	
Street Address 357 E Torrence	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Heidi R Popadych			Registration Number, if PAC	
Street Address 1329 Neil Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43201	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy S. Veach			Registration Number, if PAC	
Street Address 53 W College Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$25.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Kenneth R Waddell			Registration Number, if PAC	
Street Address 2345 Sherwood Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) Check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$0.00

Page Total \$ **\$611.00**