Page
Page

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								1
Citizens to Elect Deneese Owen								
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Deneese Owen	Employer, Occupation, Labor Organization			Registration Number, if PAC				
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
2581 Sherwood Rd				I	I			13.77
City	Outstanding debt forgiven State Zip Code				0 7			12.77
Bexley		H	43209	V	YES	•	0NO	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Deneese Owen								
Street Address	Description o	of Item	or Service	М	D	Y	Fair Market Value	
2581 Sherwood Rd	Outsta	ındi	ng debt forgiven	017	017	1 3		72.00
City	State		Zip Code	Received at Fundraising Event?				
Bexlev	O F	$\exists \mid$	43209	. ✓	YES		□NO	
Full Name of Contributor	Employer, Oc	ccupati	ion, Labor Organization *	Registra	tion Num	ber, if P/	AC	
Deneese Owen								
Street Address	Description o	of Item	or Service	М	D	Y	Fair Market Value	
2581 Sherwood Rd	Outsta	ındi	ng debt forgiven	017	110	1 3	I	4.21
City	State		Zip Code		dat Fundi			
Bexlev		$H \perp$	43209		YES	_	NO	
Full Name of Contributor			ion, Labor Organization *	Registra	tion Num	ber, if PA	AC	
Kevin McCain	' '	•						
Street Address	Description o	of Item	or Service	м	D	Y	Fair Market Value	
407 Canmore Ct	-		ng debt forgiven	الأرام	211			0.43
City	State		Zip Code		d at Fund			- 0.10
Westerville		$+ \Gamma$	43082	_	YES		√]No	
Full Name of Contributor			ion, Labor Organization *	Registra	tion Num	ber, if Pa		
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
				1 1	l 1			
City	State	Z	Zip Code	Receive	d at Fund	aising E	vent?	
			•		YES	•	□.NO	
Full Name of Contributor	Employer, Oc	ccupati	ion, Labor Organization *	Registra	tion Num	ber, if P	AC .	
			•	-				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
				lı	lι	l 1		
City	State	Z	Zip Code	Receive	dat Fund	raising E	vent?	
,	1 1		• • •		YES	•	□NO	
Full Name of Contributor	Employer, Oc	ccunati	ion, Labor Organization *	Registra	tion Num	ber, if Pa	AC	
	1	•				•		
Street Address	Description o	of Item	or Service	М	D	Y	Fair Market Value	
	Bossi ipada di Nazi di Barrita			1	1 1	H		
City	State	12	Zip Code	Receive	d at Fund	raising E	vent?	
icay		ľ	-p 000-		YES		□NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registra	tion Num	ber, if Pa		
Tail Name of Conditions	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service		or Service	М	D	Y	Fair Market Value	-
Ou out a name total	escapación nem or service			i	<u> </u>	Ì	1	
City	State		Zip Code	Receive	ria Funadi	raising E	vent?	~ —
C.,,		ľ	F		YES		□NO	
	1 1			<u> </u>	,			

Page Total \$	89.41

^{*} 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)]