

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Elect Deneese Owen							
Full Name of Contributor Ivonne M Garcia					Registration Number, if PAC		
Street Address 728 Francis Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 3	Amount \$55.00	
Full Name of Contributor Sun Pao Ying Steele					Registration Number, if PAC		
Street Address 4043 Laurel Hill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City North Las Vegas	State OH	Zip Code 89032	M 0	D 9	Y 0	Amount \$400.00	
Full Name of Contributor Karen L Jones					Registration Number, if PAC		
Street Address 903 Grandon Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor Kim Redfern					Registration Number, if PAC		
Street Address 2841 N. Bluff Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Port Clinton	State OH	Zip Code 43452	M 0	D 9	Y 2	Amount \$200.00	
Full Name of Contributor Citizens for Stinziano					Registration Number, if PAC		
Street Address 550 E Walnut St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor Sun Pao Ying Steele					Registration Number, if PAC		
Street Address 4043 Laurel Hill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City North Las Vegas	State NV	Zip Code 89032	M 1	D 0	Y 1	Amount \$500.00	
Full Name of Contributor Rhonda Talford Knight					Registration Number, if PAC		
Street Address 8900 White Oak Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State OH	Zip Code 43110	M 1	D 0	Y 1	Amount \$25.00	
Full Name of Contributor Lisa Meuse					Registration Number, if PAC		
Street Address 6363 Clark State Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 1	Amount \$25.00	

* 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 **\$1,405.00**